

Governor

RON DESANTIS

Secretary

RICKY D. DIXON

501 South Calhoun Street, Tallahassee, FL 32399-2500

www.dc.state.fl.us

August 8, 2024

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

The Honorable Kathleen Passidomo President, Florida Senate The Capitol 409 Senate Office Building 404 South Monroe Street Tallahassee, Florida 32399

The Honorable Paul Renner Speaker, House of Representatives The Capitol 420 House Office Building 402 South Monroe Street Tallahassee, Florida 32399

Kara Collins-Gomez Coordinator, Office of Program Policy Analysis and Governmental Accountability 111 West Madison, Room 312 Tallahassee, Florida 32399

Re: 2024 Direct-Support Organization Report

Dear Governor DeSantis, President Passidomo, Speaker Renner, and Ms. Collins-Gomez:

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 Corrections 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 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, GPS tracking collars and other equipment;
- Dog Obedience Prison Programs- Twenty-five dog training programs receive funding through the Corrections Foundation thanks to sponsors and donations that support these programs. These programs are partnerships between FDC, local humane societies and animal shelters and donors who contribute through the Corrections Foundation; and
- Other program support such as Toastmasters, Louie L. Wainwright scholarship, Indigent New Hires, Lawtey Correctional lawn equipment maintenance, and other donation and grant coordination assistance initiatives for FDC programs.

The Florida Foundation for Correctional Excellence

The Florida Foundation for Correctional Excellence, Inc. (FFCE) is a nonprofit direct support organization designed to promote innovative and effective career readiness and community reentry programs within Florida's correctional system. FFCE enhances opportunities for Florida's returning citizens through re-entry job training programs, online and classroom academic trainings and wellness programs. The FFCE seeks to bridge the gap between community resources and re-entry needs by connecting private and public partners, thereby increasing investment in public correctional re-entry and workforce training programs supporting public safety and healthy Florida communities. During this past year, FFCE has continued expanding programming as well as developing and adding new innovations and efforts aligned with the priorities of the FDC including the following initiatives:

• Statewide Educational Material Support: Reader Glasses - Following teacher requests and research from the FDC, reader glasses have been purchased for educational and program training classrooms to diminish barriers with visual access to learning

materials. The FFCE Board of Directors approved funding to cover the cost of purchasing statewide supply of reader glasses for classroom and student use. The FFCE worked with FDC staff to determine needs and process to deploy the supplemental glasses at a statewide level to enhance performance with educational engagement.

- Community Corrections Credentialing: Class A & B CDL Pilot Program- FFCE sponsored a new pilot in Circuits Nine (9) and Eighteen (18) including the addition of a case manager with an established community partner. FFCE approved up to 75,000 dollars to be awarded to eligible candidates for class A & B licensing, provided preemployment. The pilot will build upon the initial CDL pilot from the previous year with expansion of community and employer partnerships creating successful employment pathways for career options with the justice involved.
- Other program support such as Inmate Tablet Software, Mobile Re-entry Units, DTen Monitor Use, Caterpillar Simulator/Heavy Equipment Operator Program, Re-Entry Directory and Database and other donation and grant coordination assistance initiatives for FDC programs.

In consideration of the many ways the Corrections Foundation and the Florida Foundation for Correctional Excellence assist FDC in fulfilling its mission and achieving its goals, I recommend that FDC's association with both the Corrections Foundation and Florida Foundation for Correctional Excellence be continued.

Sincerely,

Mary D. Dixon

Secretary

Enclosure(s)

Brian Wynns, President Tom Rush, Vice President Yvette Gomillion-Little, Treasurer

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

July 23, 2024

Secretary Ricky Dixon
Florida Department of Corrections
501 South Calhoun Street
Tallahassee, FL 32399-2500

Dear Secretary Dixon,

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

Name:

Corrections Foundation, Inc.



✗ @CorrectionsFndn



CorrectionsFoundation.org

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.

Mailing Address:

501 South Calhoun Street Tallahassee, FL 32399-2500

Physical Address:

4070 Esplanade Way 3rd Floor Tallahassee, FL 32399-2500

Phone and Fax:

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

Website:

https://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). During the 2023-2024 fiscal year we assisted 793 staff through the Employee Assistance and Disaster Relief Programs.

Since 1999, between our EAP and Disaster Relief Programs, we've assisted over 11,969 of FDC's 21,878 employees - essentially 54.7% of FDC employees.

Louie L. Wainwright Scholarship Expansion: In 2021, the Corrections Foundation created the Louie L. Wainwright Scholarship, in honor of former board president and former FDC Secretary Louie L. Wainwright. The goal: provide a single \$2,500 scholarship in a competitive application process to an individual who is furthering his or her education and who wants to make a career in the Florida Department of Corrections. In June 2022, the Corrections Foundation board awarded its first scholarship to an employee at Hardee CI.

In September 2022, the Board of Directors, building on the feedback and success of the initial scholarship, expanded the Louie L. Wainwright Scholarship to nine scholarships at \$1,000 each – one for each Institutional and Community Corrections Region and Central Office, to ensure geographic and organizational representation. In June of 2023, the Board of Directors awarded those nine scholarships.

And in June 2024, the Board again awarded nine \$1,000 scholarships – one in each Institutional and Community Corrections Region and Central Office.

The Corrections Foundation will continue the Louie L. Wainwright Scholarship in 2025 and the foreseeable future.

Additional Programs: Over the past year, the Corrections Foundation's Board of Directors has increased benefits provided to FDC's employees and contractors.

Indigent New Hires

We've instituted an indigent new employee program, where new employees on the job for less than 45 days and face food or housing insecurity may be provided up to \$500.

Expanded Disaster Relief

We've also expanded our Disaster Relief, raising our maximum financial assistance for a total loss of a home and/or vehicle to \$1,250. Financial assistance for major damage to a home and/or vehicle has been raised to \$750.

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 thirty-five K-9

tracking units statewide. These officers and tracking K-9's were called out 742 times in 2023 for searches and to support local law enforcement. The Foundation has provided GPS tracking collars and other equipment for these K-9 teams.

Dog Obedience Prison Programs - Twenty-five 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.

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

- Toastmaster Gavel clubs
- culinary arts
- chaplaincy
- Lawtey Correctional Institution lawn equipment maintenance
- re-entry programs, wellness program support, and incentivized prisons
- band and music programs
- FDC Union Correctional Institution inmate cemetery improvement

New Projects

Leadership Summit

The Corrections Foundation is assisting with fundraising for the Leadership Summit to be held by FDC from September 3rd through 6th in Orlando.

Fallen Officer and Employee Memorial

FDC is in the process of planning for a new Fallen Officer and Staff Memorial at Wakulla CI. The Corrections Foundation is assisting in fundraising for this project.

Breast Cancer Awareness

FDC staff have over the years requested a way to support breast cancer awareness and research. The Corrections Foundation working with FDC leadership developed two pink badges (one for correctional and probation officers and one for employees in the Office of Inspector General), two pink pins (one with the FDC logo and one with the IG logo), and a seven-point star for FDC leadership.

Proceeds, after expenses, will benefit the Florida Breast Cancer Foundation.

FDC History Museum

FDC Leadership wants to establish a museum focusing on the history and evolution of the Florida Department of Corrections from its beginnings to present. We will participate in fundraising to support this endeavor.

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

The Corrections Foundation will continue to focus on our core program – the Employee Assistance Program to support FDC officers and staff. We will also support FDC programs through donations to support the various K-9 and dog obedience training programs, chaplaincy, Toastmasters and Gavel clubs, and other inmate programs. We'll also assist through fundraising for future Leadership Summits, the planned rebuild of the Fallen Officers and Employees Memorial, and planned FDC museum.

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 exceeding what is required.

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, 2023.

Our required annual audit is again being conducted by James Moore and Co, CPA (James Moore), for the fiscal year ending on June 30, 2024. All documents requested by James Moore have been prepared and provided. The audit report should be completed by mid-August 2024 and will be provided to FDC so our report becomes part of FDC's filings with the State of Florida. As in years past, we do not anticipate a completed 2023 Form 990 until September at the earliest. Once we have the final version of Form 990, we will provide it to FDC and post on our website.

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 contents of this document to be posted on FDC's website and for FDC to link to the Corrections Foundation's website

Section 20.058(2), F.S. requires FDC to make the information and attachments included in this letter available to the public on the FDC's website. This section also requires FDC to provide a link to the Corrections Foundation's website, which is already present.

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

Sincerely,

Chris Akins

Executive Director

Attachments: Code of Ethics

2022 990 for the fiscal year ending on June 30, 2023

CC: Office of Legislative Affairs

Okins

Office of Legal Affairs

ECC: Brian Wynns, Board President

Yvette Gomillion-Little, Treasurer

Corrections Foundation Code of Ethics

- 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 con	cur with	the	code o	f ethics	and wil	l abide	by its
contents.									

Signature		

Date

Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

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For calendar year 2022, or fiscal year beginning JUL 1 , 2022, and ending JUN 30 , 20 23

OMB No. 1545-0047

Do not send to the IRS. Keep for your records.

Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service **EIN or SSN** Name of filer 59-3440417 CORRECTIONS FOUNDATION, INC. BRIAN WYNNS Name and title of officer or person subject to tax PRESIDENT Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) ______ **1b** _____ **1,604,533.** Form 990 check here 1a b Total revenue, if any (Form 990-EZ, line 9) 2b _ 2a Form 990-EZ check here ... За Form 1120-POL check here Form 990-PF check here ... 4a b Balance due (Form 8868, line 3c) 5b Form 8868 check here 5a b Total tax (Form 990-T, Part III, line 4) 6b 6a Form 990-T check here 7a Form 4720 check here b FMV of assets at end of tax year (Form 5227, Item D) 8a Form 5227 check here b Tax due (Form 5330, Part II, line 19) Form 5330 check here 9a b Amount of credit payment requested (Form 8038-CP, Part III, line 22) Form 8038-CP check here 10a Declaration and Signature Authorization of Officer or Person Subject to Tax Part II Under penalties of periury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name and that I have examined a copy of the _ , (EIN)_ 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are the, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) or any returnal, if applicable, if authorize the 0.3. Treasury and its designated Financial Agent to financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize JAMES MOORE & CO., 05312 P.L. to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed

with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity. I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

gnature of officer or person subject to tax (Wistopher) Akins

Date 02/06/2024

Certification and Authentication

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

59255312011

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

JAMES MOORE & CO., P.L.

01/16/24 Date

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2022)

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

ΑI	For the	e 2022 calendar year, or tax year beginning 🔠 🗓 🖯	IL I, 2022 and	ending J	UN 30, 2023	5	
_	Check if applicabl				D Employer identi	fication number	
	Addre	corrections foundation,	INC.				
	Name chang	Doing business as			59-34404	117	
	Initial return Final return	Number and street (or P.O. box if mail is not delived 501 SOUTH CALHOUN STREE!		Room/suite	E Telephone numb		
	termin ated				G Gross receipts \$	1,638,735.	
	Amen		V .		H(a) Is this a group	return	
	Applic	F Name and address of principal officer: BRIA	N WYNNS		for subordinate	es? Yes X No	
	pendi	SAME AS C ABOVE			H(b) Are all subordinates	included? Yes No	
Γ.	Tax-ex	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	If "No," attach	a list. See instructions	
	Websi		ON.ORG		H(c) Group exempti		
K	orm of	organization: X Corporation Trust Asso	ociation Other	L Year	of formation: 1996	f M State of legal domicile; FL	
Pa	art I	Summary					
0)	1	Briefly describe the organization's mission or most si	ignificant activities: SEE	SCHEDU	LE O		
Š	1						
Governance	2		inued its operations or dispos				
ŏ	3	Number of voting members of the governing body (P			3		
		Number of independent voting members of the gove					
Activities &	5	Total number of individuals employed in calendar yea					
ivit	6	Total number of volunteers (estimate if necessary)					
Act	7 a	Total unrelated business revenue from Part VIII, colu					
	b	Net unrelated business taxable income from Form 99	90-1, Part I, line 11		Prior Year	Current Year	
		Cantributions and grants (Dort \((III)\) line 1b\			1,210,090		
an	8		•••••		0,		
Revenue	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, a			12,478		
Re	10	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			16,489.		
		Total revenue - add lines 8 through 11 (must equal Pa			1,239,057		
-	_	Grants and similar amounts paid (Part IX, column (A)			0,		
		Benefits paid to or for members (Part IX, column (A),			431,181.	613,950.	
	45	Salaries, other compensation, employee benefits (Pa			236,599.		
Expenses	162	Professional fundraising fees (Part IX, column (A), line			0.	0.	
en	h h	Total fundraising expenses (Part IX, column (D), line 2	25) 9.54	47.			
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 1			95,428.	87,600.	
		Total expenses. Add lines 13-17 (must equal Part IX,			763,208.		
		Revenue less expenses. Subtract line 18 from line 12			475,849.		
OL Sec					ginning of Current Year	End of Year	
Net Assets or	20	Total assets (Part X, line 16)			2,902,411.	3,325,174.	
ASS	21	Total liabilities (Part X, line 26)			153,809.		
Set	22	Net assets or fund balances. Subtract line 21 from lir	ne 20		2,748,602.	3,292,148.	
_	art II	Signature Block					
		lties of perjury, I declare that I have examined this return, in				ny knowledge and belief, it is	
true,	, correc	t, and complete. Declaration of preparer (other than officer)	is based on all information of wh	ich preparer l	has any knowledge.		
		0' 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Data		
Sig	n	Signature of officer			Date		
Her	e	BRIAN WYNNS, PRESIDENT					
		Type or print name and title		10	late Check	PTIN	
			Preparer's signature		12		
Paid	1		ADIA H. BATEY	Į0	1/16/24 self-empl		
-	arer	Firm's name JAMES MOORE & CO.,			Firm's EIN	59-3204548	
Use	Only	Firm's address 2477 TIM GAMBLE PLA			Dhans as OI	50-386-6184	
		TALLAHASSEE, FL 32			Phone no. 0		
VIAL	/ the IF	RS discuss this return with the preparer shown above	? See instructions			X Yes No	

Other program services (Describe on Schedule O.)

including grants of \$

Total program service expenses

962,555.

Form 990 (2022)

Form 990 (2022) 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? See instructions	2	X	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			, v
	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			
	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			,,,
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	_	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			١.,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			۱.,
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			,,,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			,,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,	×	45.1	20
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			37
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			٠,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	_	X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			₩.
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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	11f	_X_	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
	Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		х
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	•	14a		
þ	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			
		14b		Х
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		15		Х
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-13		
16		16		Х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-10		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
18		18	х	
10	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,"	10		
19	•	19		х
20-	complete Schedule G, Part III	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			
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
	GOTTOGROUP OF THE INT. CONTINUE AND THE LESS COMPLIES COLLEGES FRANCE I			_

Form 990 (2022) CORRECTIONS FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

22 IX of the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 of "Tex", complete Schedule / Part I and RIII organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, direction, tustees, key employees, and highest compensated employees? If Yes, complete Schedule / I and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$150,000 as of the last day of the year, Ital vasa issued after December 31, 2002? If "Yes," answer lines 246 through 24d and complete Schedule / Vivos," on pine 25a b 100 the organization have a tax-exempt bond sure with an outstanding principal amount of more than \$150,000 as of the last day of the year, Ital vasa issued after December 31, 2002? If "Yes," answer lines 246 through 24d and complete Schedule / Vivos," on pine 25a b 100 the organization mixed are accessed as an organization and the properties of the complete schedule / Vivos, "organization and the year of defease any tax-everity bonds? d 10 the organization amount of the three and the properties of the organization engage in an excesse benefit transaction with a dequalified person along the year? If "Yes," complete Schedule / Part I is the organization aware that it engaged in an excess benefit transaction with a dequalified person along the year? If "Yes," complete Schedule / Part I is the organization aware that it engaged in an excess benefit transaction with a dequalified person along the year? If "Yes," complete Schedule / Part I is the organization aware that it engaged in an excess benefit transaction with a character of the part of the organization provide and part or the assistance to any current or former office, director, trustee, key employee, creater of rounder, director, trustee, key employee, creater or founder, director, trustee, key employee, creater or founder, or cubitantial contributor? If "Yes," complete Sched				Yes	No
22 Did the organization sources "Vest" to Part VII, Section A, Lins 3, 4, or 5, about compensation of the organization's current and formsr officent, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. 24 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 lissued after December 31, 2002? If "Yes," ranswer lines 24th through 24d and complete Schedule I. If Ying, to the Image 25 Did the organization marks any proceeds of tax-exempt bonds principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," ranswer lines 24th through 24d and complete Schedule I. Part I is a section 501(5), 501(6), 401, 401, 401, 401, 401, 401, 401, 401	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If Y'9s,* complete Schedule J. Part I. Schedule J. Schedule J. Part I. Schedule J. Part I. Schedule J. Part I. Schedule J. Part J. Schedule J. Par			22		X
Schedule / West was issued after December 31, 2002? // **Pes**, *answer fines 24b through 24d and complete Schedule / If No.** got a file 25s and state of the year; that was issued after December 31, 2002? // **Pres**, *answer fines 24b through 24d and complete Schedule / If No.** got a file 25s and state of the year state and year are proceeded of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeded of tax-exempt bonds beyond a temporary period exception? 24b	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
24a Did the organization have a tox-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a b Did the organization markinal me acrow account of the thin a refunding sectors at any time during the year to defease any tax-exempt bonds? 24d d Did the organization markinal an escrow account of the than a refunding sectors at any time during the year to defease any tax-exempt bonds? 24d d Did the organization avained the pass of the organization of the thin a refunding sectors at any time during the year to defease any tax-exempt bonds? 25d d Did the organization avained the pass of the organization of the thin a refunding sectors at any time during the year? 25d d Did the organization avained person during the year? If Yes, "complete Schedule I, Part I 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any outnet or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% corrolloled entity or family member of any of these persons? If Yes," complete Schedule I, Part II 25d Did the organization provide a grant or often assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If Yes, complete Schedule I, Part IV, instructions or applicable time or applicable timerable, and or these persons? If Yes, complete Schedule I, Part IV, instructions for applicable time thereof or family members of any of these persons? If Yes, complete Schedule I, Part IV, a 349% controlled entity for or more informer officer, director, trustee, key employee, creator or founder, or substantial contributor? If Yes, complete Schedule II, Part IV, a 25b X 35b		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
schedule K. If "No," go to line 25a. b Did the organization misst any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization misst any proceeds of tax-exempt bonds beyond a temporary period exception? d Did the organization misst an encrow account other than a refunding excrow at any time during the year to definese any tax-exempt bonds? d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year? d Did the organization access benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person of the state of the organization access benefit transaction has not been reported on any of the organization sprior Forms 990 or 990-E27 if "Yes," complete Schedule I. Part II 25b X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former of ortificer, director, trustee, key employee, creator or former of ficer, director, trustee, key employee, creator or former of ficer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule II, Part II "As Yes," complete Schedule II, Part II "As Yes," complete Schedule II, Part II "As Yes," complete Schedule II, Part II "As			23		X
Schedule K. If "No." pa to line 25a	24a				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrive account other than a refunding series at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 246 258 Section SO(16), 501(46), 4m 501(6)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part I 259 Is the organization awave that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part I 250 Is the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former ordicer, director, trustee, key employee, creator or former ordicer, director, trustee, to a 59% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I. Part IV instructions for applicable fling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or former ordicer, director, trustee, key employee, creator or former ordicer, director, trustee, key employee, creator or former ordicer, director, trustee, trustee, and trustee the substanct of any individual described in the substance see the Schedule I. Part IV instructions for ap		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
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d Did the organization act as an 'on behalf of 'ssuer for bonds outstanding at any time during the year? 25a Section 601(c)(3), 501(c)(4), and 501(c)(2) or organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? # 'Yes,' complete Schedule L, Part I 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 organizations prior former 990 or 990-672 # 'Yes,' complete Schedule L, Part I 25a Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? # 'Yes,' complete Schedule L, Part II 27	С		04.		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I				_	
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-E2? If "Yes," complete Schedule I, Part I 25b		·	240		_
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 Form's 990 or 990-EZ7 (if "Yes," complete Schedule L, Part I 25b X X 200 the organization report any amount on Part X, line 6 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 X 28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof) or family member 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 the Schedule L, Part IV, instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28 X 28b X 29b X 27c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28b X 27c A 35% controlled entity of one or more individuals and/or organizations? If "Yes," complete Schedule M 29b X 27c A 35% controlled entity of one or more individuals and/or organizations? If "Yes," complete Schedule M 29b X 27c A 35% controlled entity of the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 29b X 27c A 35c A	25 a		252		x
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26 Did the organization report any amount on Part X, line 5 or 22, for recelvables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member 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 the Schedule L, Part III 27 X 28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part III 27 X 29 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part III 27 X 29 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part III 27 X 29 Was the organization feeded on the seed of the following parties (see the Schedule L, Part III 27 X 29 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part III 28 W 29 Was the organization feeded on the seed of the following parties (see the Schedule L, Part III 28 W 29 Did the organization feeded centry to one or more individuals and/or organizations described in line 28a or 28b7 If "Yes," complete Schedule II. Part II 28 W 29 Did the organization receive own than \$25,000 in non-cash contributions? If "Yes," complete Schedule III 29 X 29 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule III 29 X 20 Did the organization own 100% of an entity disregarded as separate from the organizati			25h		x
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 27 28 28 29 20 20 20 21 22 23 24 25 25 26 26 27 28 28 28 28 29 29 20 20 20 20 20 20 20 20	26				
controlled entity or family member of any of these persons? If "Yes," complete Schedule I. Part II 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or forunder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I. Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule I. Part IV, instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I., Part IV 28a X 5 A family member of any individual described in line 28a? If "Yes," complete Schedule I., Part IV 28b X 5 A family member of any individual described in line 28a? If "Yes," complete Schedule I., Part IV 28c X 5 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule I., Part IV 28c X 5 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule III. Part IV 3 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 5 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 5 Schedule N, Part II 32 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 II, III, or IV, and Part V, line 1 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part IV III 3 Did the organization organization conduct more than 5% of its	20		ì		
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof), a grant selection committee member, or to a 35% controlled entity (including an employee) thereof) or family member of any of these persons? (if "Yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): 28 A Current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? (if "Yes," complete Schedule L, Part IV. 28 A SW Controlled entity of one or more individuals and/or organizations described in line 28a or 28b ? (if "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? (if "Yes," complete Schedule M. 29 Did the organization receive more than \$25,000 in non-cash 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 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, Iino 1 36 Did the organization have a controlled entity within the meaning of section 512(b)(13)? (if "Yes," complete Schedule R, Part IV, III or 1 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, Iino 2 37 Did the organization complete Schedule O and provide explanations on Schedule R, Part V, Iino			26		X
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV De Afamily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II, Part II 31 X 30 Did the organization individuals, of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II, Part II 31 X 31 Did the organization individuals, of art, historical treasures, or other similar assets, or qualified conservation self, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule II, Part II 31 X 32 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 II, III, or IV, and Part V, line 1 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 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35 Did the organization related to any tax-exempt or make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 35a X 36 Did the organization com	27				
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a					
instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L. Part IV. b A family member of any individual described in line 28a? If "Yes," complete Schedule L., Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L. Part IV. 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 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 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule O and provide explanations on Schedule O for Part V, line 1 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? 38 Did the organization conduct more than 5% of its			27		X
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L, Part IV 28b X 28b X 28b X 28c X	28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	1 2		X ETS
*Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c ZY 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Bid "Yes" to line 35a, did the organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule O and provide explanations on Schedule O for Part VI, Iines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 10 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, Iines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 10 Dent V Statements Regarding Other IRS Fillings and Tax Compliance Check if Schedule O con		instructions for applicable filing thresholds, conditions, and exceptions):	d st		
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28b 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 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 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 32 A 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 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 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 35 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 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 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O on the provide explanations on Schedule O for Part VI, lines 11b and 19? Yes No 1a Enter the nu	а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? ## "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? ## "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? ## "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? ## "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? ## "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? ## "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? # "Yes," complete Schedule R, Part I 33 Did the organization related to any tax-exempt or taxable entity? ## "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? ## "Yes," complete Schedule R, Part V, Iine 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 V Iine 1 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 50 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 51 C Did the organization comply with backup withholding rules		"Yes," complete Schedule L, Part IV	28a		<u>X</u>
"Yes," complete Schedule L, Part IV 28c			28b	X	
Possible Schedule N, Part II and the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M and the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M and the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I and the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II and 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 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 and 301.7701-3 a	C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
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contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 Saa Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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, Iine 2 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, Iine 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Note: All Form 990 filers are required to complete Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Check if Schedule O contains a response or note to any line in this Part V Table the number reported in box 3 of Form 1096. Enter-0- if not applicable D Enter the number of Forms W-2G included on line 1a. Enter-0- if not applicable C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	29		29		<u>X</u>
Did the organization liquidate, terminate, or dissolve and cease operations? "Yes," complete Schedule N, Part I 31 X X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? "Yes," complete Schedule N, Part I 32 X X X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? "Yes," complete Schedule R, Part I 33 X X 34 Was the organization related to any tax-exempt or taxable entity? "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X X 35a X X 35a	30	-			v
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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 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 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 28 Did the organization complete Schedule O 19 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			31	-	
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If "Yes," complete Schedule R, Part V, line 2 36	36				
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			36		_X_
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Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
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1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Par				
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b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		Elitor dio Hambor Toportod in Box o of Form Tools 2 Hos o in Hot approach	E E ,		
(gambling) winnings to prize winners?		Little the humber of Comis W-2d included on line 1a. Little -0- in not applicable		157	
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Form 990 (2022) CORRECTIONS FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		50 10		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 return	ns?	2b	Х	
			3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
-	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		X
b	If "Yes," enter the name of the foreign country		Hb.		197
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			41
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	ction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		0.00		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	300	IX III	-
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h		15.15
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the		100	- 17
_	sponsoring organization have excess business holdings at any time during the year?		8	3714	
9	Sponsoring organizations maintaining donor advised funds.		0-		
a	,	***************************************	9a 9b		
			30		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		i, i i	- 8
11	Section 501(c)(12) organizations. Enter:	TOD	-		-90
	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	.,,-			
,	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
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.			1	
b	Enter the amount of reserves the organization is required to maintain by the states in which the			05	
	organization is licensed to issue qualified health plans	13b		340	
	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the 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		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17	772	
	If "Yes," complete Form 6069.				

Form 990 (2022) CORRECTIONS FOUNDATION, INC. 59-3440417 Page 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 on 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 year			TEST I
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	100		72.
b	Enter the number of voting members included on line 1a, above, who are independent		15.5	MI.
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	3-16		1
	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, 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	many to the state of the state			
	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:	3 ×		
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on 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
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	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 on 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	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on 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		- 5	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		5/63	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1174	120
	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	100		
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedNONE			
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)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SHERI LOGUE - (850) 717-3712			
	501 S CALHOUN ST, 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 the instructions for definition of "key employees."
- 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	ารส	ted any current officer, d	lirector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	l do	not c	Pos	itior	than	ane	Reportable	Reportable	Estimated
	hours per	box	, unle:	ss per	rson i	is bot	h an	compensation	compensation	amount of
	week	_	cer an	dad	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	æ			ated		organization	(W-2/1099-MISC/	from the
	related	stee	trust		g .	bens		(W-2/1099-MISC/	1099-NEC)	organization and related
	organizations below	ual tr	ional		play	t com		1099-NEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) CHRIS AKINS	40.00	-	=	0	×	王亞	<u>"</u>			
EXECUTIVE DIRECTOR		1		X				74,227.	0.	9,789.
(2) SHERI LOGUE	40.00						T			
SECRETARY & ADMINISTRATIVE DIRECTOR		1		x				61,211.	0.	15,239.
(3) BRIAN WYNNS	2.00						Γ			
PRESIDENT		Х		Х				0.	0.	0.
(4) THOMAS RUSH	2.00									
VICE-PRESIDENT		X		Х			L	0.	0.	0.
(5) DAVE MECUSKER	2.00									
TREASURER		X		X			L	0.	0.	0.
(6) LISA MILLER	2.00									
FINANCE COMMITTEE CHARIMAN		X		X			L	0.	0.	0.
(7) JOSE COLON	2.00									
DIRECTOR		X					L	0.	0.	0.
(8) JENNY NIMER	2.00									_
DIRECTOR		X					L	0.	0.	0.
(9) JUSTINE PATTERSON	2.00									
DIRECTOR		X					L	0.	0.	0.
(10) BRIAN RIEDL	2.00									_
DIRECTOR		X			_		_	0.	0.	0.
(11) TODD STUDLEY	2.00									
DIRECTOR		X			_	_	-	0.	0.	0.
3				_	_	H	-			
13-	-	\vdash		_	_	\vdash	⊢			
8							T			
9=										
							-			

hours per week (list any hours for related organizations below line) 10 Subtotal	
Name and title hours per week (sto and heck-kmee than ore) to be the store that the week (sto and heck-kmee than ore) to be the week (sto and heck-kmee than ore) to be the week (sto and heck-kmee than ore) to be the week (sto and heck-kmee than ore) to be the week (sto and heck-kmee than ore) (sto and heck-kmee than betweek than sto and heck-kmee than sto a	(F)
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c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A)	,028.
d Total (add lines 1b and 1c)	0.
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	,028.
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line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B)	es No
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 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	Y. Bar
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	
rendered to the organization? If "Yes," complete Schedule J for such person	X
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	
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)	X
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	
(A) (B) (C	T.
NONE	ation
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	20 (0000)

			Check if Schedule O contains a response or note to	any line in this Part VIII	,		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
20 00	1	а	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b 1,360,5	62.		DESCRIPTION OF	
2 8			Fundraising events 1c 14,3				
ifts			Related organizations 1d				
ii.			Government grants (contributions) 1e				
Sir			All other contributions, gifts, grants, and				
her			similar amounts not included above	24.			
50		g	Noncash contributions included in lines 1a-1f				. 20
Col		h	Total. Add lines 1a-1f	1,573,936.			
			Business	Code			
ø	2	а					
Σ		b					
Se		С	V				
am		d					
Program Service Revenue		e					
₫			All other program service revenue				
		g	Total. Add lines 2a-2f				
	3		Investment income (including dividends, interest, and	00.061			20 061
			other similar amounts)	28,961.			28,961.
	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties (ii) Real (ii) Pers	l			
				onal			
	6	a	Gross rents 6a				
		b	Less: rental expenses 6b Rental income or (loss) 6c				
		C	, , ,				
	٫		Net rental income or (loss)	her			
	'	a	assets other than inventory 7a				
		h	Less: cost or other basis	. 5 L		1 THE 1	
<u>o</u>			and sales expenses 7b				
eun		c	Gain or (loss) 7c			4 75 - 4	
e Se		d	Net gain or (loss)				
ther Revenue	8		Gross income from fundraising events (not				
₽			including \$ 14,350. of				
			contributions reported on line 1c). See				
			Part IV, line 18 8a 10,9			EXPERIENCE.	
			Less: direct expenses 8b 16,6				A PLANT
			Net income or (loss) from fundraising events				-5,664.
	9	а	Gross income from gaming activities. See				
			Part IV, line 19				
			Less: direct expenses 9b				
			Net income or (loss) from gaming activities				F45 52 -2 1
	10	а	Gross sales of inventory, less returns and allowances 10a 24, 8	86			
				F 200	7,300.		
_		C	Net income or (loss) from sales of inventory Business		7,500.		
Sn	11	a	Dashisos				
ned		b					
ella.		c					
Miscellaneous Revenue			All other revenue				
Σ			Total, Add lines 11a-11d				
	12		Total revenue. See instructions	1,604,533.	7,300.	0.	23,297.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. Program service expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 129,976. 129,976. and domestic governments. See Part IV, line 21 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 16 613,950. 613,950. Benefits paid to or for members Compensation of current officers, directors, 179,054. 107,595. 62,506. 8,953. trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 35,176. 35,176. Other salaries and wages 7 Pension plan accruals and contributions (include 965. 965. section 401(k) and 403(b) employer contributions) Other employee benefits 4,145. 594. 14,266. 9,527. Payroll taxes 10 Fees for services (nonemployees): a Management Legal 12,221. 12,221. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 3,120. 3,120. Advertising and promotion 12 4,844. 4,844. Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 2,384. 2,384. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 746. 746. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 2,680. 2,680. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 59,116. 59,116. OTHER PROGRAMS 2,489. 2,489. b MISCELLANEOUS C e All other expenses 962,555. 88,885. 9,547. 1,060,987. Total functional expenses. Add lines 1 through 24e 25 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 fallowing SOP 98-2 (ASC 958-720)

Form 990 (2022)
Part X Balance Sheet

Pai	rt X		,		
		Check if Schedule O contains a response or note to any line in this Part >	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	1,718,080.	1	2,292,687
	2	Savings and temporary cash investments		2	1,029,866
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		1000	
		controlled entity or family member of any of these persons	.,	5	
	6	Loans and other receivables from other disqualified persons (as defined		CALL	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
U)	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	4,568.	8	2,621.
A	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a		- Puris	
	b	Less: accumulated depreciation10b		10c	=
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	2 225 454
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	3,325,174.
	17	Accounts payable and accrued expenses		17	33,026.
	18	Grants payable		18	
	19	Deferred revenue		19	0.
	20	Tax-exempt bond liabilities		20	
	21	•		21	
S	22	Loans and other payables to any current or former officer, director,		100	
É		trustee, key employee, creator or founder, substantial contributor, or 35%		1000	
Liabilities		controlled entity or family member of any of these persons		22	
-	23			23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		25	
		of Schedule D	153,809.	26	33,026.
-	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here	133,003.	20	33,020.
S		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	2,680,011.	27	3,214,376.
la a	28	Net assets with donor restrictions	CO FO1	28	77,772.
D	20	Organizations that do not follow FASB ASC 958, check here			
ᆵ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	0 = 40 600	32	3,292,148.
Z	33	Total liabilities and net assets/fund balances	0 000 411	33	3,325,174.

Form **990** (2022)

Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	1 2 3 4 5 6 7 8	1,6 1,0 5 2,7	60 43	, 98 , 54	37. 16.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	3,2	92	,14	18.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed			a .	/es	No X
b	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			2b	x	
	X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Sche As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			ec .	х	
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why on Schedule O and describe any steps taken to undergo such audits	ed aud	lit 3	a b		X
			Fo	rm 9	90 (2	2022)

SCHEDULE A

(Form 990)

Total

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.

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

Employer identification number Name of the organization CORRECTIONS FOUNDATION, INC. 59-3440417 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 1 Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed (iii) Type of organization (v) Amount of monetary (i) Name of supported (described on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions)) FLORIDA DEPARTMENT 129,976. 59-2869774 6 X 0. OF CORRECTIONS

0.

129,976.

Schedule A (Form 990) 2022 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 are of Part I are filled.

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions		1 5 - 1	Life In the			
_	by each person (other than a				A DATE OF		
	governmental unit or publicly		THE PARTY	1307			
	supported organization) included			11.0			
	on line 1 that exceeds 2% of the		I BLANCE				
	amount shown on line 11,			AND FORE			
	column (f)						
6	Public support, Subtract line 5 from line 4.					ALLEGE FULEY	
	ction B. Total Support						•
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
_	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10		ENTREM TWO				
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi				501(c)(3)	
	organization, check this box and stop						
Sec	Section C. Computation of Public Support Percentage						
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11,	column (f))		14	%
	15 Public support percentage from 2021 Schedule A, Part II, line 14					15	<u>%</u>
16a	33 1/3% support test - 2022. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2021. 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						
17a	17a 10% -facts-and-circumstances test - 2022. 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 fact					VI how the organiz	ation
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the				•		
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u> </u>

Schedule A (Form 990) 2022 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
4	ization's benefit and either paid to	-					
	or expended on its behalf						
_	,				1		
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				+		
	Total. Add lines 1 through 5					-	
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				1		
ı) Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year				+		
•	Add lines 7a and 7b				-		
	Public support. (Subtract line 7c from line 6.)						
_	ction B. Total Support	Tr. Jaco			T	T	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section !	501(c)(3) organizatio	on,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	stment Income	Percentage				
17	Investment income percentage for 20)22 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2022. If the					33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						
Ŀ	33 1/3% support tests - 2021. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on 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 on 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 line 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	X	
			18
	2		X
			III.
	3a		X
	3b		
	3c		
	4a		х
	J-1H		
	4b		W.
	4c		
	5a		X
		K _M	
	5b 5c		
	30		
	6		X
	7		X
	8		X
4			
	9a		X
	9b		X
	9c		X
	7.1-		
	10a		x
	10b	18	
7	A /5		2022

Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		10-	x = 1
	11c below, the governing body of a supported organization?	11a		X
b	A family member of a person described on line 11a above?	11b		X
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	111111111111111111111111111111111111111	176	
Ū	detail in Part VI.	11c		X
Sec	tion B. Type I Supporting Organizations			
	71 11 0 0		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		3.5	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		100	80.
	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 officers, directors, or trustees were allocated among the	1	х	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	-		JUX.
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in) m	
				9.0
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		Х
Sac	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	1 2		21
<u> </u>	tion of Type in oupporting organizations		Van	Ma
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	Part of	(100)	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			20
	or management of the supporting organization was vested in the same persons that controlled or managed		5 1	
C	the supported organization(s). tion D. All Type III Supporting Organizations	1_1_		
Sec	tion D. All Type in Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (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	19 6	377	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		31	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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	100		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		11	
_	supported organizations played in this regard.	3		
Sec	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 instructions	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	nstruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
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	re-LVI	1.0	
	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	I II E II		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	R. DIT		
	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	ENE		
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2022

emergency temporary reduction (see instructions).

instructions).

Schedule A (Form 990) 2022

d Excess from 2021 e Excess from 2022

Schedule A	(Form 990) 2022	CORRECTIO	NS FOUN	DATION,	INC.	59-34	40417	Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D	1, 2, 3b, 3c, 4b, 4c, 5: , lines 2 and 3; Part I\	a, 6, 9a, 9b, 9d ′, Section E, lir	c, 11a, 11b, an nes 1c, 2a, 2b,	id 11c; Part IV, S , 3a, and 3b; Par	art II, line 17a or 17b; Part III ection B, lines 1 and 2; Part V, line 1; Part V, Section B, for any additional informati	IV, Section (line 1e; Part	C, t V,
								_
								_
							-	
			7					

Schedule B

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

INC.

CORRECTIONS FOUNDATION,

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

OMB No. 1545-0047

2022

Schedule B (Form 990) (2022)

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

59-3440417

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	D-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	nly a section 501(c)(7	covered by the General Rule or a Special Rule. '), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
X	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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), 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) filling 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					
answer "	aution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must swer "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 at it doesn't meet the filing requirements of Schedule B (Form 990).					

Name of organization

Employer identification number

CORRECTIONS FOUNDATION, INC.

59-3440417

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	ANIMAL WELFARE FOUNDATION 5565 PURSLANE PLACE THE VILLAGES, FL 32163-0183	\$30,000.	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		
2	CHARLES AND MARGERY BARANCIK FOUNDATION, INC. 1515 RINGLING BLVD. STE. 500 SARASOTA, FL 34236	\$130,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
140.	rumo, dudicoo, una En 11	\$	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 Complete Part II for noncash contributions.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Occupate Part II for noncash contributions.)		

Name of organization

Employer identification number

CORRECTIONS FOUNDATION, INC.

59-3440417

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional 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
		\$,———
(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
		\$	
(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
		\$	

Name of organization

Employer identification number

ORRE	CTIONS FOUNDATION, INC.		59-3440417			
Part III	Exclusively religious, charitable, etc., contribution	through (e) and the following line ent paritable, etc., contributions of \$1,000 or	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations less for the year. (Enter this info. once.)			
(a) No	Oce depriore copies of fait in it deditional c	page to freedom				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gif	t			
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee			
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gif	t			
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee			
11		l l				

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.

2022
Open to Public Inspection

Name of the organization

CORRECTIONS FOUNDATION, INC.

Employer identification number 59-3440417

Schedule D (Form 990) 2022

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the		
_	o.gamaanan anan an	(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 w	riting that the assets held in donor advise	ed funds		
	are the organization's property, subject to the organization's e				
6	Did the organization inform all grantees, donors, and donor ac				
	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?				
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, F	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).			
	Preservation of land for public use (for example, recreate	ion or education) Preservation of	a historically important land area		
	Protection of natural habitat Preservation of a certified historic structure				
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form o			
	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		
C	Number of conservation easements on a certified historic stru-	cture included in (a)	2c		
d	Number of conservation easements included in (c) acquired at	fter July 25,2006, and not on a			
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	organization during the tax		
	year				
4	Number of states where property subject to conservation ease				
5	Does the organization have a written policy regarding the period				
	violations, and enforcement of the conservation easements it				
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	ervation easements during the year		
_	A second of second in the seco	ing of violations, and enforcing concernat	ion accoments during the year		
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and emorcing conservat	ion easements during the year		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170/b	ol(4)(B)(i)		
٥	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservation				
5	balance sheet, and include, if applicable, the text of the footnot				
	organization's accounting for conservation easements.	sto to the organization of manoral etations			
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Otl	her Similar Assets.		
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement ar	nd balance sheet works		
	of art, historical treasures, or other similar assets held for publ				
	service, provide in Part XIII the text of the footnote to its finance				
b	If the organization elected, as permitted under FASB ASC 958				
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1		\$		
			_		
2	If the organization received or held works of art, historical treat				
	the following amounts required to be reported under FASB AS				
а	Revenue included on Form 990, Part VIII, line 1		\$		
b	Assets included in Form 990, Part X				

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

Schedule D (Form 990) 2022

e Other.

b Buildingsc Leasehold improvementsd Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part V	Investments - Other Securities. Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization and	on Form 990 Part IV line	11h See Form 990 Part Y line 12	
(a) Dec	cription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
		(b) Dook value	(c) Method of Valdation, coot of one	or your market value
	ncial derivatives			
(2) Olos (3) Othe	ely held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	ol. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part V	III Investments - Program Related.		*	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)				
(2)				
(3)	*			
(4)				
(5)				
(6)				
(7)		0		
(8)				
(9)				
	ol. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part I				
	Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	267			
Part X	olumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	15.)		
Part	Complete if the organization answered "Yes" of	on Form 000 Bort IV line	11c or 11f See Form 990 Part V line 25	
	(a) Description of liability	on Form 990, Fart IV, line	The of This See Point 930, Part A, line 25.	(b) Book value
1.				(b) book value
- 4.6	Federal income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		0.7.1		
i otal. (C	olumn (b) must equal Form 990, Part X, col. (B) line			at roports the

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

CORRECTIONS FOUNDATION, INC. Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,660,524. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 20,780. **b** Donated services and use of facilities 2c c Recoveries of prior year grants d Other (Describe in Part XIII.) 20,780. 2e Add lines 2a through 2d 1,639,744. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b -35.211.**b** Other (Describe in Part XIII.) -35,211. 4c c Add lines 4a and 4b 1,604,533. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,116,978. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 20.780. a Donated services and use of facilities 2b **b** Prior year adjustments 2c c Other losses 35,211. 2d d Other (Describe in Part XIII.) 55,991. Add lines 2a through 2d 1,060,987. Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 1,060,987. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE FOUNDATION HAS REVIEWED AND EVALUATED THE RELEVANT TECHNICAL MERITS OF EACH OF ITS TAX POSITIONS IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AND DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS OF THE ORGANIZATION. PART XI, LINE 4B - OTHER ADJUSTMENTS: -16.616.SPECIAL EVENT EXPENSES REPORTED ON 990 PART VIII SALES TAX EXPENSE REPORTED WITH SALES OF MERCHANDISE ON 990 -1,009.PART VIII

Schedule D (Form 990) 2022 CORRECTIONS FOUNDATION, INC. Part XIII Supplemental Information (continued)	59-3440417 Page 5
COST OF GOOD SOLD REPORTED ON 990 PART VIII	-17,586.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-35,211.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES REPORTED ON 990 PART VIII	16,616.
SALES TAX EXPENSE REPORTED WITH SALES OF MERCHANDISE ON 990	
PART VIII	1,009.
COST OF GOOD SOLD REPORTED ON 990 PART VIII	17,586.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	35,211.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Schedule G (Form 990) 2022

Name of the organization							ntification number
	IONS FOUNDATION, I	NC.				59-3440	417
Part I Fundraising Activities. required to complete this part	Complete if the organization answert.	ered "Y	es" or	n Form 990, Part IV, li	ine 17	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	eed funds through any of the following set of the solicitate of th	ation of ation of I fundra I (includ profession	non-g gover ising ling of onal fo	overnment grants nment grants events ficers, directors, trust undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
		1					
3 List all states in which the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from reg	gistration
or licensing.							

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

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 Part II of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events NONE GOLF (add col. (a) through TOURNAMENT col. (c)) (total number) (event type) (event type) 25,302. 25,302. Gross receipts 1 14,350. 14,350. 2 Less: Contributions 10,952. 10,952. Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment 16,616. 16,616. Other direct expenses 16,616. 10 Direct expense summary. Add lines 4 through 9 in column (d) -5,664.11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: __ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes b if "Yes," explain:

Sch	edule G (Form 990) 2022 CORRECTIONS FOUNDATION, INC. 59-	2440	41/	Page .	3
	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 formed				
	to administer charitable gaming?		Yes	L No)
13	Indicate the percentage of gaming activity conducted in:	ř.	r		
а	The organization's facility	13a	_		%
	An outside facility	13b			9/
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	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				
	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	No	
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	. Ш	163		•
D	organization's own exempt activities during the tax year \$				
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III. lin	es 9. 9	9b. 10b.	_
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,		, ,	
	,,,				
					_
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					_

Schedule of Form 900 CORRECTIONS FOUNDATION, INC. 59-3440417 Page 4 Part IV Supplemental Information (continued)	Schedule G	i (Form 990)	CORRECTIONS	FOUNDATION,	INC.	59-3440417	Page 4
	Part IV	Supplemental Infor	mation (continued)				
	-						
	-						

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

Open to Public Inspection

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

Attach to Form 990.

% X Employer identification number 59-3440417 (h) Purpose of grant or assistance URCHASE OF MOBILE SUPERVISION UNIT Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Ö (e) Amount of assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 129 976 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) INC. CORRECTIONS FOUNDATION, Enter total number of other organizations listed in the line 1 table 59-2869774 General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization FLORIDA DEPARTMENT OF CORRECTIONS or government TALLAHASSEE, FL 32399 501 S CALHOUN STREET Name of the organization Part Part II

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

Schedule I (Form 990) 2022

59-3440417 CORRECTIONS FOUNDATION, INC.

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) 2022

Part III Grants and Other

	uired in Part I, line 2; Part III, c	olumn (b); and any other ad	ditional information.	
	uired in Part I, line 2; Part III, c	Numn (b); and any other ad	ditional information.	
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.				
				Schedule I (Form 990) 2022

SCHEDULE L

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service	Go	to ww	Ατιας w.irs.gov/Form				rorm 990-EZ. ns and the lat	est informa	tion.				pen i spec	o Pub tion	IIC
Name of the organization	on									Em	ploye	r ident	ificati	on nu	mber
	CORREC	TIO	NS FOUND	ATI	ON,	INC	J.			59	-34	404	17		
Part I Excess	Benefit Trans	actio	ons (section 50	01(c)(3), sect	ion 50	1(c)(4), and se	ction 501(c)(29) orga	nizati	ons on	ıly).			
Complete	if the organization	n answ	vered "Yes" on I	Form 9	90, Pa	art IV, I	ine 25a or 25b	or Form 99	0-EZ, P	art V,	line 40	b.			
1 (a) Name of disqua	lified person	(b) R	Relationship bety			lified		e) Descriptio	n of tran	sactio	nn		(d)	Corre	cted?
(a) Name of disqua	alilied person		person and or	rganiza	ation		,	J) Deachplio	ii oi aai				Y	es	No
													+	_	
													+		
													+	-	
	_												+	_	
-													+	_	
2 Enter the amount	of tax incurred by	the or	rganization man	agers	or disc	nualifie	d persons dur	ing the vear	under				-		
											\$				
3 Enter the amount															
	o and/or Fron														
Complete	if the organization	n answ	ered "Yes" on I	Form 9	90-EZ	, Part \	V, line 38a or F	orm 990, Pa	ırt IV, lin	e 26;	or if th	e orga	nizatio	on	
	an amount on For											Vh) An	nrovar		
(a) Name of	(b) Relation		(c) Purpose of loan		an to or		e) Original cipal amount	(f) Balanc	e due) In ault?	(h) Ap by bo	ard or	1 4.7	/ritten ment?
interested persor	with organi	Zalivii	Orloan	_	zation?	Pilli	opar amount				_	comm		+	т—
ŭ				То	From	_				Yes	No	Yes	No	Yes	No
					1	_					1				
,											1				

										_	_				L
Total	8	Dan	-Citing Inter		J Day		\$								
	or Assistance		_												
	if the organization								d) Tuna		Т		\ D		
(a) Name of inter	ested person	(b) Relationship interested pers	betwe	en d	"	c) Amount of assistance		d) Type assistan			•) Purp assist	ose of ance	Г
			the organiza	ation	_										
		\top													

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

Schedule L (Form 990) 2022

Schedule L (Form 990) 2022 CORRECTIONS FOUNDATION, INC.

Part IV Business Transactions Involving Interested Persons.

SHEILA LOGUE FAMILY MEMBER OF SH 33,854. EMPLOYMENT X Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: SHEILA LOGUE (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF SHERI LOGUE, BOARD SECRETARY	(a) Name of interested person	ed "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: SHEILA LOGUE (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:					Yes	
Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: SHEILA LOGUE (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:	SHEILA LOGUE	FAMILY MEMBER OF SH	33,854.	EMPLOYMENT		X
Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: SHEILA LOGUE (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:					-	
Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: SHEILA LOGUE (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:					-	
Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: SHEILA LOGUE (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:						
Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: SHEILA LOGUE (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:						
Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: SHEILA LOGUE (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:					-	
Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: SHEILA LOGUE (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:					-	
Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: SHEILA LOGUE (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:						
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: SHEILA LOGUE (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:	Part V Supplemental Information.	- t			***	
(A) NAME OF PERSON: SHEILA LOGUE (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:	Provide additional information for re-	sponses to questions on Schedule L (see in	structions).			
(A) NAME OF PERSON: SHEILA LOGUE (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:	COLL TO DADE IN DISTANCE	MDANCACMIONE INVOLVEN	~ TNIMEDECMI	TO DEDCOMC.		
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:	SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVIN	3 INIERESII	ED PERSONS:		
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:	(A) NAME OF PERSON: SHEIL	A LOGUE				
	*					
FAMILY MEMBER OF SHERI LOGUE, BOARD SECRETARY	(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND		ON:		
FAMILY MEMBER OF SHEAT EUGLE, BUARD SECRETARY	EANTLY MEMBER OF CUERT IC	CITE BOXDD CECDETARY				
	FAMILY MEMBER OF SHERT LC	GUE, BUARD SECRETARI				
	<u> </u>					

SCHEDULE O (Form 990)

232211 10-28-22

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 Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CORRECTIONS FOUNDATION, INC.

Employer identification number 59-3440417

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO SUPPORT THE PROGRAMS, PERSONNEL, AND SERVICES OF THE DEPARTMENT OF
CORRECTIONS THROUGH GRANTS, CONTRIBUTIONS, AND COMMUNITY PARTNERSHIPS
IN THE INTEREST OF PUBLIC SAFETY.
FORM 990, PART VI, SECTION B, LINE 11B:
THE ENTIRE BOARD OF DIRECTORS REVIEWS THE 990 PRIOR TO FILING. IT IS
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 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 POSITIONS AS
COMPARED WITH SALARY SURVEYS AND THEN SETS COMPENSATION BASED 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 501(C)(3) AND WILL
PROVIDE THE 1023 UPON REQUEST. DOCUMENTS ARE AVAILABLE ON OUR WEBSITE AND
BY MAIL WHEN REQUESTED.
FORM 990 PART XII, LINE 2C EXPLANATION
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. Schedule O (Form 990) 2022

Schedule O (Form 990) 20	22			Page 2
Name of the organization		FOUNDATION,	INC.	Employer identification number 59-3440417
)				
-				
-				
-				
	- 11			

232212 10-28-22

Schedule O (Form 990) 2022

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37, Attach to Form 990.

Open to Public Inspection 2022

OMB No. 1545-0047

Employer identification number 59-3440417

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

Name of the organization

Department of the Treasury Internal Revenue Service

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

CORRECTIONS FOUNDATION, INC.

Schedule R (Form 990) 2022 (g) Section 512(b)(13) S × controlled entity? Direct controlling Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Direct controlling End-of-year assets N/A Public charity status (if section (e) 501(c)(3)) Total income Exempt Code 0 section ਉ Legal domicile (state or Legal domicile (state or foreign country) foreign country) FLORIDA STATE CORRECTIONS SYSTEM Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990, Name, address, and EIN (if applicable) 59-2869774, 501 SOUTH CALHOUN STREET, FLORIDA DEPARTMENT OF CORRECTIONS Name, address, and EIN of related organization of disregarded entity TALLAHASSEE, FL 32399 Part II

59-3440417

Page 2

Schedule R (Form 990) 2022 CORRECTIONS FOUNDATION, INC.

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

General or Percentage managing ownership 3 Yes No 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) \equiv Disproportionate Yes No allocations? Ξ Share of end-of-year assets **6** Share of total income Ξ Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d) (Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization (a)

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

		-13) od od od od od	N _o								
		Section 512(b)(13) controlled entity?	Yes							_	
	(£)	Percentage ownership									
		Share of end-of-year	- 111								
	(t)	Share of total income									
	(e)	Type of entity (C corp, S corp,	henn lo								
	(p)	Direct controlling Type of entity S entity (C corp. S corp,									
	(0)	· 5	country)								
ing the tax year.	(q)	Primary activity									
organizations treated as a corporation of trust during the lax year.	(a)	Name, address, and EIN of related organization									

Schedule R (Form 990) 2022

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	2
1 During the tax year, did the organization engage in any of the following transactions	with one or more rela	transactions with one or more related organizations listed in Parts II-IV?	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1		×
b Gift, grant, or capital contribution to related organization(s)				1p	×	
c Gift, grant, or capital contribution from related organization(s)				2		×
d Loans or loan guarantees to or for related organization(s)				7		×
e Loans or loan guarantees by related organization(s)				9		×
					N	
f Dividends from related organization(s)				+	П	×
g Sale of assets to related organization(s)			: : : : : : : : : : : : : : : : : : : :	0		×
Purchase of assets from related organization(s)				£		×
				÷		×
j Lease of facilities, equipment, or other assets to related organization(s)	* * * * * * * * * * * * * * * * * * *			;=		×
						100
k Lease of facilities, equipment, or other assets from related organization(s)				*	×	
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	ization(s)			Ē		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)	fic		5		×
Sharing of paid employees with related organization(s)				ç		×
p Reimbursement paid to related organization(s) for expenses				0	П	×
q Reimbursement paid by related organization(s) for expenses				0		×
r Other transfer of cash or property to related organization(s)			NA NA	÷	П	×
S				÷.	П	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ho must complete thi	line, including covered r	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolveď		
(1) FLORIDA DEPARTMENT OF CORRECTIONS	В	129,976.	129,976. AMOUNT PAID			
(2)						
(3)						
(4)						
(5)						
(9)						
232163 09-14-22			Schedule R (Form 990) 2022	R (Form	(066	2022

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(a) (b)	 	(p) (c	(£)	(6)	3	(3)	s	(K)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income parties sit. (related, unrelated, excluded from tax under sections 512-514) Yes No	Share of total total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage ownership
							Schedule	R (Form	Schedule R (Form 990) 2022

Schedule R	(Form 990) 2022	CORRECTIONS	FOUNDATION,	INC.	59-344041/	Page 5
Part VII	(Form 990) 2022 Supplemental					
	Provide additional	information for responses to qu	estions on Schedule R.	. See instructions.		
-						
-						

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print 59-3440417 CORRECTIONS FOUNDATION, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. 501 SOUTH CALHOUN STREET filing your return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. TALLAHASSEE, FL 32399 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Application Return **Application** Return Code Is For Code Is For Form 1041-A 08 01 Form 990 or Form 990-EZ Form 4720 (other than individual) 09 03 Form 4720 (individual) 10 Form 990-PF 04 Form 5227 05 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 8870 12 07 Form 990-T (corporation) SHERI LOGUE The books are in the care of ► 501 S CALHOUN ST - TALLAHASSEE, FL 32399 Telephone No. > (850) 717-3712 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 🔛 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ► X tax year beginning JUL 1, 2022 _____, and ending <u>JUN</u> 30, 2023 Final return Initial return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

2022 990 Tax Return

Final Audit Report

February 06, 2024

Created: January 17, 2024

By: James Moore & Company (Kimberly.Atwood@JMCo.com)

Status: ESigned

Transaction ID: X4EMNK44L0H4N15YJJ0HVJ3W3M

Documents: 990 Tax Return 2022 Corrections Foundation Inc Client Copy.pdf

"2022 990 Tax Return " History

Document emailed to (chris.akins@fdc.myflorida.com) for signature 1/16/2024 20:04:03 PM Eastern Standard Time

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July 24, 2024

Secretary Ricky D. Dixon Florida Department of Corrections 501 South Calhoun Street Tallahassee, FL 32399-2500

Dear Secretary Dixon,

Reducing recidivism, expanding career readiness training, and supporting re-entry programs are essential elements of the public safety mission of the Florida Department of Corrections (FDC). In February 2020, the Florida Foundation for Correctional Excellence, Inc. (FFCE) was established to assist the FDC and promote positive programs facilitating the successful reintegration of inmates into society. According to Section 20.058 of the Florida Statutes, citizen-support and direct-support organizations must annually disclose certain information to the state agencies they support. This letter serves to provide updated information regarding the Foundation's status as a direct-support organization for the Florida Department of Corrections.

If you need any further adjustments or have additional details to include, feel free to let me know!

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

Florida Foundation for Correctional Excellence, Inc.

Mailing Address:

501 South Calhoun Street Tallahassee, FL 32399

Phone Number: (850) 566-9941

Website: flcorrectionalexcellence.com



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

Section 944.802, Fla. Stat., establishes the criteria for the direct-support organization 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:

Mission

The Florida Foundation for Correctional Excellence (FFCE) is a nonprofit direct support organization designed to promote innovative and effective career readiness and community re-entry programs within Florida's correctional system. The Foundation aims to bridge the gap between community resources and re-entry needs by connecting private and public partners, thereby increasing investment in public Correctional re-entry and workforce training programs supporting public safety and healthy Florida communities.

Results

During the 2022-23 initial fiscal year, FFCE implemented its first three (3) program initiatives enhancing re-entry offerings and efforts within multiple facets of Florida's correctional system. During the 2023-24 fiscal year, FFCE has continued with expansion of programming based on these initiatives as well as developing and adding new innovations and efforts aligned with the priorities of the FDC.

Capital purchase expansion with industry leaders and corporate partnerships: Caterpillar Simulator/ Heavy Equipment Operator (HEO) Program

In the 2022-23 fiscal year, FFCE purchased a Caterpillar Simulator equipment, classroom materials, and computer technology needed for skill development and training of heavy equipment operation. In this fiscal year, FFCE has worked to expand the programming to include industry leader networking and corporate partnerships for additional classroom materials, subject matter expert engagement, and employment pipelines for improved re-entry success. FFCE has facilitated the engagement with the industry leaders and the largest Caterpillar distributor in the state, as well as a Caterpillar corporate office representation, for additional simulators (donated and /or discounted), expanded programming and education in existing and potential new HEO programs within FDC, expansion of Work Release Camp employment options, and connections for employment post-release. This FFCE-facilitated partnership has also included live and ongoing equipment training, at no cost to the facility or FDC, by the distributor (Ring Power).

Statewide Facility Technology: DTEN Monitor Use

In 2022-23, FFCE purchased DTEN monitor technology and Zoom Room licenses for nineteen FDC facilities for a versatile and cost-effective solution allowing participation in virtual interactions, such as hiring events, interviews, workshops, trainings, and classes for groups and individuals. In collaboration with FDC, FFCE can track the DTEN usage to help assess, expand, and improve technology use for



academic, vocational, and social skills improving potential for reentering citizens at a statewide level. The FDC and FFCE now has a live data usage log to assess and modify implementation of the DTEN technology use to maximize bringing the outside opportunities behind the walls of the facility and increase interagency connection.

Community Corrections Credentialing: Class A & B CDL Pilot Programming Following the initial FFCE sponsored Class B CDL pilot program in Community Corrections in Circuit 12, FFCE has expanded its CDL scholarship and begun a new pilot in Circuit 18 & 9 with the addition of case management with an established community partner. The FFCE Board of Directors has approved up to \$75,000.00 to be awarded to vetted and eligible candidates for either Class A or B CDL provided pre-employment offers. The community Partner providing close case management and coordination with the Community Corrections Administrator has also worked closely with FFCE to secure additional financial support within the community. The allocations have been locked in from the 2023-24 fiscal year funding and will continue until all scholarships have been awarded. The first vetted and eligible candidate began his training and is scheduled to complete his CDL in late June 2024. More candidates are being vetted and prepared for consideration and selection as the new fiscal year begins. FFCE has coordinated with FDC staff and community partners to identify appropriate employment partners for scholarship recipients. This pilot will build upon the initial CDL pilot from the previous year with expansion of community and employer partnerships creating successful employment pathways for career options with the justice involved.

Capital Purchase: Mobile Re-entry Unit

The FDC Community Corrections requested the purchase of a mobile re-entry van to extend probation support for improved reentry success and the FFCE Board of Directors approved full funding of this innovative initiative. The request is based on the successful implementation of a Mobile Probation Unit in 2023, which noted a significant 27% reduction in technical violations related to reporting, when Community Corrections introduced the Mobile Probation Unit to address overcrowding issues primarily caused by Violation of Probation (VOP) charges by improved access to probation services, reduced transportation barriers, and increased compliance rates. The FFCE is purchasing the van and the wrap, but it will be titled to FDC with all further operating expenses, to include insurance, fuel, maintenance, repairs, etc., that will then be the responsibility of FDC. FDC is working with community partners, to include First Step, to stock needed inventory, supplies, and information to begin immediate deployment. This new Mobile Re-entry Unit (MRU) will be deployed in Circuit 7 (4 counties to the 116 probation officers supervising approximately 8,000 people), a location selected due to a gap in service provision from the central to northern east coast of the state and its robust community partner, First Step, who may contribute significantly to the sustainability of the MRU.



Technology Purchase: Inmate Tablet Software

Following vetting, assessment, and collaboration with the FDC, the FFCE Board of Directors has approved and allocated funding initial cost to deploy Edovo software on a statewide level for all inmates using the current tablet platform. Edovo is a unified educational platform available to all incarcerated learners with access to a tablet and is a sole source provider due to 1) its expanse of content; 2) content that maps fully to Florida's assessment and standards; 3) content that can be deployed across Securus tablets; and 4) can deploy across any hardware. Given all Florida inmates are provided a Securus tablet, activation of the over 25K hours of educational, vocational, and rehabilitative content (enabling programming beyond the classroom) would be immediately available upon activation. Furthermore, Edovo curriculums support the 8 criminogenic risk factors identified in FDC's CINAS assessment tool and may individualize holistic programming. This research, vetting, and funding by FFCE provides the FDC and state low risk opportunities for innovation that may yield high gains. Given product performance meets the needs of FDC, the annual operating costs would be transferred to FDC after the initial year.

Technology Upgrade: Re-Entry Directory and Database

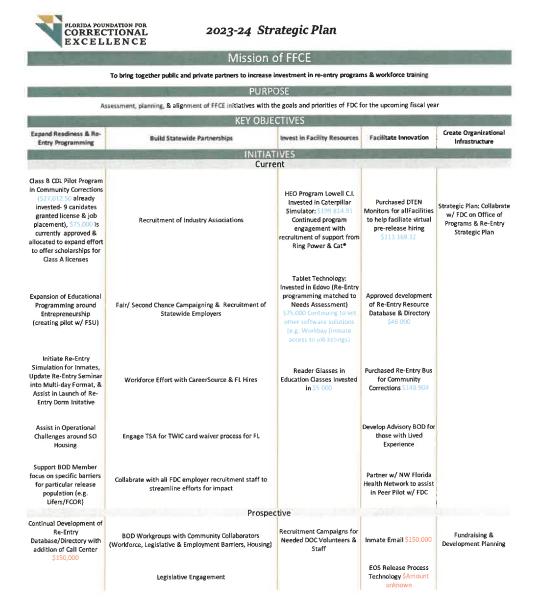
Florida has statutory requirements, Florida Statute 944.705(3)(b), for the provision of a comprehensive re-entry resource directory organized by county with detailed service provider information for returning citizens. The current FDC Re-entry Directory is limited in its functionality. The FFCE Board of Directors has approved initial funding to support a more user friendly and comprehensive database and directory with an overall updated look and feel, mobile and tablet friendly, and updated filter controls for easier use for multiple users. The FFCE can hire a vendor to create a modern web-based Re-entry Resource Directory that provides an intuitive, accessible, and secure platform to connect with essential transition services for a solution that leverages modern web technologies to ensure a user-friendly experience across all devices, facilitate real-time data updates, and support seamless integration with existing correctional systems by enhancing accessibility, improving usability, ensuring data integrity, supporting user privacy, facilitating resource submissions, and integrating with existing systems

Statewide Educational Material Support: Reader Glasses

Following teacher requests and research from the FDC, reader glasses have been purchased for educational and program training classrooms to diminish barriers with visual access to learning materials. The FFCE Board of Directors approved funding to cover the cost of purchasing statewide supply of reader glasses for classroom and student use. The FFCE worked with FDC staff to determine needs and process to deploy the supplemental glasses at a statewide level to enhance performance with educational engagement. Once FDC created the purchase order and FFCE funded the purchase for implementation of the reader glasses initiative as outlined by the FDC workgroup.



The following graphic notes current and potential new initiatives of FFCE:





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

In the next three years, FFCE will continue to assess and vet programs and options to promote innovative and effective career readiness and community re-entry programs within Florida's correctional system focused on the 24,000 releasing citizens annually. The FFCE will continue its work to educate and bring associations, private businesses, and community partners into the reentry efforts of FDC as prioritized by the Secretary of Corrections. As needed, FFCE will engage with elected officials and public partners for further education and engagement for support in the reentry efforts.

Targeted focus for the FFCE in the next two years will continue assessment, research vetting, and funding initiatives and implementation, looking at large scalable and high impact oriented efforts, such as End of Sentence (EOS) technology/ mobile lab; technology for inmate connections for release planning (job/ resource applications, digital repository of release and relevant documents for post-release access), call center support for re-vamped reentry directory database, and other technologies and/ or pilots for statewide initiatives. In addition to the prioritized focus of recruiting employer partners and industry stakeholders.

The FFCE is also developing an Advisory Council composed of justice involved individuals who may contribute input and feedback on efforts, initiatives, and strategic planning from a user perspective. This Advisory Council will also have its own Code of Ethics (like that of the Board of Directors) and will be supervised by the Executive Director. This effort is still in the planning and development phases.

An additional graphic to demonstrate the current considerations reviewed and compared to the mission of FFCE and those that fall under the priorities of the Secretary of Corrections will be addressed accordingly.



PLORIDA FOUNDATION FOR CORRECTIONAL EXCELLENCE	West Harding to the first of th	ot de de la companya	Productive distribution of the state of the	er green geleger g
Current Efforts	May bare fift affer	Settle begget star to te.	pro offe facts	thing they been
Current Efforts Expansion of Educational Programming around Entrepreneurship (Pilot		~	~	<u> </u>
with FSU & sponsored by United Community bank)	~	~	•	•
Fair/ Second Chance Campaigning & Recruitment of Statewide Employers	~	~	~	~
Proof of Concept: Industry Engagement (Recruitment of Companies): Ring Power	✓	~	~	✓
Pilot Class B CDL Program in Community Corrections	~	~	~	~
Continued Programing for Caterpillar Simulator Heavy Equipment Operator Program (including equipment)	~	~	~	~
Recruitment of Industry Associations	~	~	~	✓
Initiate Re-Entry Simulation for Inmates	~	~	~	✓
Continued monitoring of DTEN monitor usage	~	~	~	✓
Workforce Effort: Statewide Partnership with CareerSource	~	~	~	~
Proof of Concept: Industry Engagement (Recruitment of Companies): FORD Motor Company	~	V	✓	~
Reader glasses in educational classes	~	~	~	~
Masonry Foundation- transportation	~	~	✓	✓
Mobile Release Plan Tech Lab pilot for Re-Entry Seminars	~	~	~	✓
Fund FDC campaigns centered around recruiting educators, teachers, and program facilitators (INDEED partnership)	~	~	~	✓
Expand industry credential certificate programming	~	~	~	✓
Software enhancements to key re-entry tools: Resource Directory/ Database, ORION & ORION-ES	V	~	~	~
Call Center for Re-Entry Resource Directory	~	~	~	✓
Pilot: Update Re-Entry Seminar into Multi-Day Format	~	~	~	~
Expand Industry Credentialing Certificate Programs	~	*	✓	✓
BOD Workgroups with Community Collaborators (Workforce, Legislative: Employment Barriers, Housing)	✓	✓	~	~
Legislative Engagement	~	~	~	✓
Tablet Technology: Workbay (inmate access to job listings), Edovo (Re- Entry programming to Needs Assessment)	✓	~	✓	~
Recruitment Campaigns for Educators & Needed DOC Staff	~	~	~	V
Workforce Transportation Pilot with EOS releasees placed in jobs pre- release Masonry Foundation & Enterprise Rent-A-Car	~	~	~	~
Inmate Email	~	~	~	✓
Community Corrections Re-Entry Bus	~	✓	~	✓



FFCE is also actively developing a strategic plan to address potential fund raising and grant opportunities to match state funding for the implementation of identified programs and/or training. To support programs and re-entry efforts, the Foundation will continue to 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.

Our Code of Ethics is attached below.

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

Our most recent Form 990 is attached. This Form 990 is for the fiscal year ending on June 30, 2023.

Our required annual audit is again being conducted by Thomas Howell Ferguson P.A. CPAs for the fiscal year ending on June 30, 2023.

The Florida Foundation for Correctional Excellence, Inc. (FFCE) is dedicated to advancing initiatives designed to reduce recidivism, enhance career readiness training, and support the Florida Department of Corrections' (FDC) current and future re-entry programs. For any inquiries or additional information, please do not hesitate to contact the Foundation.

Sincerely,

Erica Averion

Executive Director

Attachments: Code of Ethics

2021 990 for the fiscal year ending on June 30, 2023

CC: Office of Legislative Affairs

Office of Legal Affairs



CODE OF ETHICS FLORIDA FOUNDATION FOR CORRECTIONAL EXCELLENCE, INC.

Approved by Board: September 21, 2022

MISSION

The Florida Foundation for Correctional Excellence, Inc. (FFCE or the Foundation) is a nonprofit direct support organization (DSO) designed to promote innovative and effective career readiness and community re-entry programs within Florida's correctional system. FFCE will enhance opportunities for Florida's returning citizen reentry, job training programs, online and classroom academic training and wellness programs.

The Foundation aims to bridge the gap between community resources and re-entry needs by connecting private and public partners, thereby increasing investment in public Correctional re-entry and workforce training programs supporting public safety and healthy Florida communities.

PREAMBLE

- 1. It is essential to the proper conduct and operation of the Foundation that its board members, officers, and employees be independent and impartial and that their position not be used for private gain. Therefore, the Florida Legislature in Section 112.313, Florida Statutes, requires that the law protect against any conflict of interest and establish standards for the conduct of FFCE board members, officers, and employees in situations where conflicts may exist.
- 2. FFCE hereby adopts the policy of the State that no DSO board member, officer, or employee shall have any interest, financial or otherwise, direct or indirect, or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties for the DSO. To implement this policy and strengthen the faith and confidence of the people in Direct Support Organizations, there is enacted a code of ethics setting forth standards of conduct required of the Florida Foundation for Correctional Excellence board members, officers, and employees in the performance of their official duties.

STANDARDS

The following standards of conduct are enumerated in Chapter 112, Fla. Stat., and are required by Section 112.313, Florida Statutes, to be observed by FFCE board members, officers and employees.

1. Prohibition of Solicitation or Acceptance of Gifts

No FFCE board member, officer, or employee shall solicit or accept from any person or entity, directly or indirectly, whether by himself or herself or through



his or her spouse or a member of his or her family or through any partner or business or professional associate, anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, which he or her knows or has reason to believe is made or offered with the intent or understanding that the vote, official duty or action, or judgment of the FFCE board member, officer, or employee would be influenced thereby.

2. Prohibition of Accepting Compensation Given to Influence a Vote

No FFCE board member, officer, or employee shall solicit or accept from any person or entity, directly or indirectly, whether by himself or herself or through his or her spouse or a member of his or her family or through any partner or business or professional associate, any compensation, payment, or thing of value when the person knows, or, with reasonable care, should know that it was given to influence a vote or other action in which the FFCE board member, officer, or employee was expected to participate in his or her official capacity.

3. Salary and Expenses

No FFCE board member or officer shall be prohibited from voting on a matter affecting his or her salary, expenses, or other compensation as a FFCE board member or officer, as provided by law.

As a 501(c) (3) not-for-profit corporation, no distributions shall be made to any FFCE board member or officer. FFCE board members and officers may receive reasonable compensation for services rendered as authorized under Section 617.0505, Florida Statutes.

4. Prohibition of Misuse of Position

A FFCE board member, officer, or employee shall not corruptly use or attempt to use one's official position or any property or resource which may be within one's trust, or perform official duties, to secure a special privilege, benefit, or exemption for himself, herself, or others.

5. Prohibition of Misuse of Privileged Information

No current or former FFCE board member, officer, or employee shall disclose or use information not available to members of the general public and gained by reason of one's official position, except for information relating exclusively to



governmental practices, for one's own personal gain or benefit or for the personal gain or benefit of any other person or business entity.

6. Post-Office/Employment Restrictions

A person who has been appointed or elected to the FFCE board or any office or who is employed by the FFCE may not personally represent another person or entity for compensation before the governing body of the FFCE for a period of two years after he or she vacates that office or employment position.

7. Prohibition to Employees Holding Office

No person may be both a DSO employee and a DSO board member at the same time.

8. Requirements to Abstain from Voting

No FFCE board member or officer shall vote on any matter that the board member or officer knows would inure to his or her private economic benefit or harm of the board member, officer, his or her spouse, children, parents, children-in-law, parents-in-law, business associate, principal, organization, or subsidiary of a corporate principal. Any board member or officer who abstains from voting in an official capacity upon any measure that the board member of officer knows would inure to the individual's private economic benefit or harm, or who votes in an official capacity on a measure that he or she knows would inure to the private economic benefit or harm of any principal by which the board member or officer is retained other than an agency as defined in Section 112.312(2), Florida Statutes; or which the board member or officer knows would inure to the private economic benefit or harm of his or her spouse, children, parents, children-in-law, parents-in-law, or business associate, shall make every reasonable effort to disclose the nature of his or her interest as a public record in a written memorandum filed with the person responsible for recording the minutes of the meeting, who shall incorporate the memorandum in the minutes.

If it is not possible for the FFCE board member or officer to file a memorandum before the vote, the memorandum must be filed with the person responsible for recording the minutes of the meeting no later than fifteen (15) days after the vote and shall be incorporated into the minutes of the meeting in which the vote was conducted.



9. Failure to Observe FFCE Code of Ethics

Failure of a FFCE board member, officer, or employee to observe the Code of Ethics may result in the removal of that person from their position.

BOARD AFFIRMATION

The Board of Directors of the Florida Foundation for Correctional Excellence requires ethical conduct of all members of the Board. Each Board Member holds an important role in assuring that the highest standards of ethical practice are implemented in support of the Foundation's mission.

As a member of the Florida Foundation for Correctional Excellence Board of Directors, I verify and affirm that:

- 1. I have received a copy of the Code of Ethics and that I will follow the Code of Ethics as defined by Florida Statutes § 112.3251.
- 2. I have received a copy of Chapter 286, Florida Statutes, concerning Florida's Government-in-the-Sunshine Law and that I will adhere to the provisions located within.
- 3. I have received a copy of Chapter 119, Florida Statutes, concerning Florida's Public Records Act and that I will adhere to the provisions located within.
- 4. I will formally and promptly communicate any potential conflict of interest to the Foundation Board Chair and other members of the Board of Directors.
- 5. I will act at all times with honesty, integrity and independence, avoiding actual or apparent conflicts of interest in personal and professional relationships and expect and encourage such conduct by other board members.
- 6. I will comply with all applicable rules and regulations of federal, state, and local governments and other appropriate private and public regulatory agencies.
- 7. I will comply with the Foundation's policies and procedures, and contribute constructively to their ongoing evaluation and reformation.
- 8. I will act in good faith, responsibly, and with due care, competence, and diligence, and without knowingly misrepresenting material facts or allowing my independent judgment to be subordinated.
- 9. I will protect and respect the confidentiality of information acquired in the course of my membership on the Board except when authorized or otherwise



legally obligated to disclose. Confidential information acquired in the course of my membership on the Board shall not be used for personal advantage.

10. I will responsibly use and control assets and other resources entrusted to me.

Financial Statements and Other Reports

Florida Foundation for Correctional Excellence, Inc.

Year ended June 30, 2023 with Report of Independent Auditors



Florida Foundation for Correctional Excellence, Inc.

Financial Statements and Other Reports

Year ended June 30, 2023

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Report of Independent Auditors

Board of Directors Florida Foundation for Correctional Excellence, Inc.

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of the Florida Foundation for Correctional Excellence, Inc. (the Foundation) which comprise the statement of net position as of June 30, 2023, the related statements of revenues, expenses and changes in net position, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the financial position of the Foundation, as of June 30, 2023, and the changes in its net position and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States (Government Auditing Standards). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Foundation and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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



Page Two

Auditor's Responsibility for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS and Government Auditing Standards, we:

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

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



Page Three

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the Management's Discussion and Analysis on pages 4 through 7 be presented to supplement the financial statements. Such information is the responsibility of management and, although not a part of the financial statements, is required by the Government Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the financial statements in an appropriate operational, economic or historical context. We have applied certain limited procedures to the required supplementary information in accordance with GAAS, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the financial statements, and other knowledge we obtained during our audit of the financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by Government Auditing Standards

In accordance with Government Auditing Standards, we have also issued our report dated September 22, 2023 on our consideration of the Foundation's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Foundation's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering Foundation's internal control over financial reporting and compliance.

Thomas Havell Ferguson P.A.

Tallahassee, Florida September 22, 2023

MANAGEMENT'S DISCUSSION AND ANALYSIS

This section of the annual financial report of the Florida Foundation for Correctional Excellence, Inc. (the Foundation) presents management's discussion and analysis of the Foundation's financial performance during the fiscal year ended June 30, 2023. It should be read in conjunction with the Foundation's financial statements immediately following this section.

Background and Funding Information

The Foundation is a nonprofit direct support organization created in February 2020 by Governor Ron DeSantis, operating under Section 944.802, Florida. Statute. The Foundation is designed to promote innovative and effective career readiness and community re-entry programs within Florida's correctional system. The Foundation aims to bridge the gap between community resources and re-entry needs by connecting private and public partners, thereby increasing investment in public Correctional re-entry and workforce training programs supporting public safety and healthy Florida communities. The fiscal year runs from July 1 through June 30.

The Foundation's Board of Directors is comprised of no less than five (5) persons appointed by the Secretary of the Florida Department of Corrections.

Overview of the Financial Statements

This annual report consists of management's discussion, analysis, and financial statements. The Foundation's reporting entity consists of one enterprise fund. Therefore, the financial statements provide information about the Foundation's overall financial status. The notes provide additional information essential to an understanding of the data provided in the financial statements.

The Foundation's financial statements include the Statement of Net Position, the Statement of Revenues, Expenses, and Changes in Net Position, and the Statement of Cash Flows.

- > The Statement of Net Position presents information on all assets and liabilities of the Foundation with the difference between the assets and liabilities reported as net position.
- > The Statement of Revenues, Expenses, and Changes in Net Position presents information on all revenues and expenses of the Foundation and the changes in net position.
- > The Statement of Cash Flows presents information regarding changes in cash resulting from cash receipts and cash disbursements during the reporting period.

MANAGEMENT'S DISCUSSION AND ANALYSIS (continued)

Financial Highlights

The Foundation is committed to providing outstanding service to applicants, licensees, and the public while keeping a strong focus on the fiduciary responsibility of excellent budget management. Management and staff continue to streamline workflow processes through technological upgrades, allowing for improved application processing and reductions in personnel and related expenses. To promote professional licensure and help alleviate unlicensed activity, the Foundation has continued increasing public outreach and education regarding its services. This has been accomplished through presentations at universities and various professional organizations in Florida, along with professional publications and maintaining an active presence on social media platforms.

Financial Analysis

Statement of Net Position

The following schedule provides a summary of the assets, liabilities, and net position of the Foundation as of June 30, 2023:

	2023		
Assets			
Current assets	\$	352,014	
Total assets	\$	352,014	
Liabilities			
Current liabilities	\$	341,904	
Total liabilities	9	341,904	
Net position			
Unrestricted	\$	2,426	
Restricted		7,684	
Total net position	\$	10,110	

Total assets increased due to reception of appropriation funding in cash. Total liabilities increased due to an increase in unspent funds in the current fiscal year.

MANAGEMENT'S DISCUSSION AND ANALYSIS (continued)

Statement of Revenues, Expenses, and Changes in Net Position

The following schedule provides a summary of the revenues, expenses, and changes in net position for the years ended June 30, 2023:

	2023		
Operating revenues Operating expenses	\$	504,787 497,103	
Change in net position		7,684	
Total net position, beginning of year		2,426	
Total net position, end of year	\$	10,110	

Operating Revenues

During the 2022 legislative session, the Foundation was appropriated \$750,000 to initiate its work supporting the Department of Corrections, and this funding was approved as a recurring item in the Governor's budget (line Item 584 for the 2022-23 fiscal year) and is received in quarterly disbursements. In the 2022-2023 fiscal year, the full \$750,000 appropriation was received but only \$479,787 in total was expended. The Foundation anticipates using the remaining \$270,213 in the following year. In the 2022-23 fiscal year, the Foundation also received \$25,000 in private donation funding. \$7,684 of these contributions was not spent in the current fiscal year and is classified as restricted net position on the statement of net position.

Operating Expenses

The excess revenue over expenses of \$7,684 was due to current year restricted contributions. Administrative expenses of \$184,014 were 62% under budget. The budget for the fiscal year of 2022-23 included salary for up to four employees but these positions were only partially filled. The Foundation currently has only two employees (Executive Director and Associate Director) resulting in administrative expenses falling under budget.

During its inaugural year, the Foundation's operating revenue and expenses for the fiscal year ended June 30, 2023, focused on the following major areas:

> Contract and professional fees: Legal, accounting, and insurance professional services required to establish foundational documentation for the Foundation to execute responsibilities and duties as a newly funded and operating state direct support non-profit organization.

MANAGEMENT'S DISCUSSION AND ANALYSIS (continued)

- > Staffing: Hiring and staff development of the Executive Director and Associate Director to lead all operations as directed from the Foundation's Board. During this first year of operations, staff has been establishing the Foundation with core collateral, systems, and processes while initiating programs. Other staff engagements include travel expenses for site visits, Board meetings, and other meetings within the state; travel expenses out of the state (the Foundation staff presented at a national profession conference, the Correctional Education Association in addition to other Florida Department of Corrections staff); office expenses and insurance; and IT services to establish website and email.
- > Programmatic Implementation: The Foundation implemented its inaugural Board approved programmatic initiatives including three larger investments:
 - Career Technology Education: Caterpillar Simulator- Capital purchase of a Caterpillar simulator and required classroom essentials to establish a heavy equipment operating educational program at Lowell Correctional Institution expanding FDC's vocational training with improved preparation for post-release employment.
 - Classroom Technology: DTen Monitors- Purchased nineteen (19) DTen Monitors and Zoom Room licenses for the FDC's institutions that did not have technology needed to better develop academic, vocational, and social skills and improve potential for reentering citizens.
 - Community Corrections Credentialing: Class B CDL Pilot Program- the Foundation sponsored a pilot with class B licensing in the Community Corrections programming for post-release and probation candidates with a community credentialling partner and the Circuit Twelve (12) Administrator and Employment Specialist to assess the effectiveness and feasibility, providing the Foundation and FDC valuable insights with reduced risk.
 - o In addition, the Foundation's engagement with industry leaders, associations, and businesses has sparked, smaller, scale, initiatives, such as statewide events on fatherhood, improved intradepartmental, communications, and enhanced interstate collaborations both within and beyond the department.

Economic Factors and Next Year's Budget

With guidance from the contracted accounting team, the Foundation is currently drafting and finalizing the proposed budget for the upcoming fiscal year, which will then be reviewed by the Board of Directors at the next Board meeting scheduled for October 5, 2023. The budget will include the appropriation for 2023-2024 as well as unspent funds from the 2022-2023 appropriation.

Statement of Net Position

June 30, 2023

Assets Current assets: Cash Prepaid expenses Total assets	\$ 350,577 1,437 \$352,014
Liabilities and net position Current liabilities: Accounts payable Unearned revenue Total liabilities	\$ 71,691 270,213 341,904
Net position: Unrestricted Restricted Total net position	2,426 7,684 10.110
Total liabilities and net position	\$ <u>352.014</u>

Statement of Revenues, Expenses and Changes in Net Position

Year ended June 30, 2023

Operating revenues:	
Program support:	
Grant revenue	\$ 479,787
Individual contributions	<u>25,000</u>
Total program support	504.787
Operating expenses:	
Transfers to related organizations	313,089
Professional fees	132,231
Legal fees	43,969
Travel	4,031
Insurance	1,421
Tax and licenses	261
Supplies	1,832
Fundraising	269
Total operating expenses	<u>497,103</u>
Change in net position	7,684
Net position at beginning of year	<u>2.426</u>
Net position at end of year	\$ <u>10,110</u>

Statement of Cash Flows

Year ended June 30, 2023

Operating activities		
Receipts from State grants and contributions	\$	775,000
Payments to vendors	_	(426,849)
Net cash provided by operating activities	-	348,151
Net increase in cash and cash equivalents		348,151
Cash and cash equivalents at beginning of year		2,426
Cash and cash equivalents at end of year	\$_	350,577
Reconciliation of change in net position to the net cash provided by operating		
activities		
Change in net position	\$	7,684
Adjustments to reconcile change in net position to net cash provided by operating		
activities:		
Changes in operating assets and liabilities:		
Prepaid expenses		(1,437)
Accounts payable and accrued expenses		71,691
Unearned revenue		270,213
Net cash provided by operating activities	\$	348,151

Notes to Financial Statements

Year ended June 30, 2023

1. Nature of Operations and Significant Accounting Policies

The Florida Foundation for Correctional Excellence, Inc. (the Foundation) was established as a nonprofit direct support organization (DSO). It's primary goal is to serve the Florida Department of Corrections by bringing together public and private partners to increase investment in transition programs and workforce training to further expand re-entry efforts.

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America. The significant accounting practices and policies are summarized as follows:

Basis of Accounting

The Foundation's financial statements are prepared in accordance with accounting principles generally accepted in the United States of America (GAAP). The Governmental Accounting Standards Board (GASB) is responsible for establishing GAAP for state and local governments though its pronouncements (Statements and Interpretations).

The Foundation operates as a DSO engaged in nonprofit activities.

The focus of proprietary fund measurement is on the flow of economic resources including the determination of operating income, changes in net position, financial position, and cash flows, similar to business enterprises. The Foundation's books are maintained on the accrual basis of accounting. Revenues are recognized when earned, and expenses are recognized when incurred.

Reporting Entity

The Foundation is a component unit of the State of Florida. The Foundation has no component units for the year ended June 30, 2023.

Basis of Presentation

The financial statements and notes are representations of the Foundation's management who is responsible for their integrity and objectivity. The accounting policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of the financial statements.

Notes to Financial Statements

1. Nature of Operations and Significant Accounting Policies (continued)

Cash and Cash Equivalents

Cash and cash equivalents consists of amounts on hand and amounts in demand deposits with financial institutions. Deposits with financial institutions are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 per depositor, per FDIC-insured financial institution. Bank deposits at times may exceed federally insured limits. The Foundation has not experienced any losses in such accounts.

Revenue Recognition

Operating revenues consist primarily of program support derived from the State of Florida grant funding and private contributions, which are the principal revenues used by the Foundation to carry out its exempt purpose. Operating expenses include all costs of providing program services.

Grant revenue is recognized as income when the applicable grant expense is incurred. Contributions are recognized as income when received and recorded as restricted net position if donor stipulations exist.

Income Taxes

The Foundation received a determination letter from the Internal Revenue Service in January 2023 granting it an exemption from federal income tax under the Internal Revenue Code, Section 501(c)(3), and as such, is liable for income taxes only on business income unrelated to the purposes for which it is exempt. The status was effective in February 2020. The Foundation had no significant unrelated business income for the year ended June 30, 2023. There are currently no Internal Revenue Service audits in progress for any tax periods.

Subsequent Events

The Foundation has evaluated subsequent events through September 22, 2023, the date the financial statements were available to be issued. During the period from June 30, 2023 to September 22, 2023, the Foundation did not have any material recognizable subsequent events.

Notes to Financial Statements

2. Related Party Transactions

The Foundation is a DSO of the Department of Corrections (DOC) which is organized and operated exclusively to receive, hold, invest, provide guidance, and administer property for the benefit of the DOC and it's DSOs. The Foundation's main goal as a DSO to the DOC is to enhance and expand re-entry programs for them and create new opportunities and investment in resources. As such the transfers to related parties expense is composed of resources transferred directly to DOC for the purpose outlined above. As of June 30, 2023, the resources transferred were \$313,089.

3. Unearned Revenue

The Foundation received a grant from the State of Florida for the amount of \$750,000. During the year 2023, the Foundation recognized \$479,787 in revenue and unearned revenue of \$270,213 until additional expenses are incurred under this grant.





Report of Independent Auditors on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements

Performed in Accordance With Government Auditing Standards

Board of Directors Florida Foundation for Correctional Excellence, Inc.

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards issued by the Comptroller General of the United States (Government Auditing Standards), the financial statements of Florida Foundation for Correctional Excellence, Inc. (the Foundation), which comprise the statement of net position as of June 30, 2023, and the related statements of revenues, expenses and changes in net position, and cash flows for the year ended, and the related notes to the financial statements, and have issued our report thereon dated September 22, 2023.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Foundation's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Foundation's internal control. Accordingly, we do not express an opinion on the effectiveness of the Foundation's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.



Page Two

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Thomas Howell Ferguson P.A.

Tallahassee, Florida September 22, 2023 JAMES MOORE & CO., P.L. 2477 TIM GAMBLE PLACE, SUITE 200 TALLAHASSEE, FL 32308-4386

FLORIDA FOUNDATION FOR CORRECTIONAL EXCELLENCE, INC. 501 SOUTH CALHOUN STREET TALLAHASSEE, FL 32399

Inflational all delications

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning \underline{JUL} 1 , 2022, and ending \underline{JUN} 30 , 20 $\underline{23}$

84-4942278

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer FLORIDA FOUNDATION FOR CORRECTIONAL

Type of Return and Return Information

EIN or SSN

EXCELLENCE, INC. Name and title of officer or person subject to tax

ERICA AVERION

EXECUTIVE DIRECTOR

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and
Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a
or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b,
whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more
than one line in Part I

tnan on	e line in Part I.			
1a	Form 990 check here	X b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>504,787.</u>
2a	Form 990-EZ check here	b	Total revenue, if any (Form 990-EZ, line 9)	2b
За	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here	b	Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here		Total tax (Form 4720, Part III, line 1)	7b
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)	9b
	Form 8038-CP check here		Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and S	ignature	Authorization of Officer or Person Subject to Tax	
			ກ an officer of the above entity or 🔲 I am a person subject to tax with resp	
of entity	n)		es and statements, and, to the best of my knowledge and belief, they are true.	examined a copy of the
interme acknow of any rentry to financia later that paymen persona PIN: ch	diate service provider, transmith ledgement of receipt or reason efund. If applicable, I authorize the financial institution accoun I institution to debit the entry to an 2 business days prior to the put of taxes to receive confidentia	ter, or elect for rejection the U.S. Trendicated to this account on ayment (see all information my signation		n the IRS (a) an r refund, and (c) the date drawal (direct debit) return, and the tales. The second of the electronic have selected a withdrawal.
			ERO firm name	Enter five numbers, but do not enter all zeros
	as my signature on the tax ye with a state agency(ies) regul on the return's disclosure con	lating chari	ectronically filed retum. If I have indicated within this return that a copy of the ties as part of the IRS Fed/State program, I also authorize the aforementioned an.	e return is being filed d ERO to enter my PIN
	return. If I have indicated with	hin this retu	th respect to the entity, I will enter my PIN as my signature on the tax year 20 Irn that a copy of the return is being filed with a state agency(ies) regulating o PIN on the return's disclosure consent screen.	
	of officer or person subject to tax		Date)
Part	III Certification and A	Authenti	cation	
	EFIN/PIN. Enter your six-digit el (EFIN) followed by your five-dig		F00FF040044	
I certify	that the above numeric entry is	my PIN, w	hich is my signature on the 2022 electronically filed return indicated above. I	confirm that I am

Business Returns.

01/29/24

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

submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

JAMES MOORE & CO., P.L.

Form 8879-TE (2022)

ERO's signature

Form **990**

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the	ne 2022 calendar year, or tax year beginning JUL 1, 2022 and ending	JUN 30, 2023	
B Check i	C Name of organization	D Employer identific	cation number
applicable: FLORIDA FOUNDATION FOR CORRECTIONAL		,	
Add	ess Dycon I Dyon Tho		
Narr	θ	84-49422	78
char	Branch	_	
retur Fina		675-549-	
term			504,787.
ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	
retur	TADDARASSEE, FD 32333	H(a) Is this a group re	
tion	F Name and address or principal officer: BKICA AVBRION		?Yes X No
	SAME AS C ABOVE	H(b) Are all subordinates in	
			list. See instructions
J Webs		H(c) Group exemptio	
		ear of formation: 2020 N	1 State of legal domicile; FL
Part I			
1 ا	Briefly describe the organization's mission or most significant activities: SEE SCHE	DOTR O	
Activities & Governance			
Ĕ 2	Check this box if the organization discontinued its operations or disposed of m		
8 8	• • • • • • • • • • • • • • • • • • • •	3	11
5 4	Number of independent voting members of the governing body (Part VI, line 1b)		11
_ອ 5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		0
. <u>₹</u> 6	Total number of volunteers (estimate if necessary)	6	11
∯ 7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
_ <u> </u>	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
		Prior Year	Current Year
a 8	Contributions and grants (Part VIII, line 1h)	0.	504,787.
ğ 9	Program service revenue (Part VIII, line 2g)	0.	0.
Revenue	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
Œ 11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	504,787.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	313,089.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
_α 15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	126,964.
sesuedx 16a t	Professional fundraising fees (Part IX, column (A), line 11e)	0.	269.
<u>a</u> <u>r</u>	Total fundraising expenses (Part IX, column (D), line 25)269.		
ă ₁₇		0.	56,781.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	0.	497,103.
19	Revenue less expenses. Subtract line 18 from line 12	0.	7,684.
- Se	Tievenue 1656 expenses. Outstact line 16 from line 12	Beginning of Current Year	End of Year
20 sie	Total assets (Part X, line 16)	2,426.	352,014.
ASS Page 21	Total liabilities (Part X, line 26)	0.	341,904.
Net Assets 10 Salanc 20 Sa	Net assets or fund balances. Subtract line 21 from line 20	2,426.	10,110.
Part II			
	alties of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of my	knowledge and belief, it is
	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prepare		,
tracy corre			
Sign	Signature of officer	Date	
Here	ERICA AVERION, EXECUTIVE DIRECTOR		
,,,,,,	Type or print name and title		
	Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid	KEVIN WARREN KEVIN WARREN	01/29/24 if self-employ	P00642409
Preparer	Firm's name JAMES MOORE & CO., P.L.	Firm's EIN 5	9-3204548
Use Only	Firm's address 2477 TIM GAMBLE PLACE, SUITE 200	7	
vy	TALLAHASSEE, FL 32308-4386	Phone no. 85	0-386-6184
May the	RS discuss this return with the preparer shown above? See instructions	1,	X Yes No

FLORIDA FOUNDATION FOR CORRECTIONAL EXCELLENCE. INC.

Form	990 (2022) EXCELLENCE, INC.	84-4942278	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, and	i
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 477,395. including grants of \$ 313,089.) (Reve	enue \$)
			<u>'O</u>
	PRIORITIZE WHAT THE FLORIDA DEPARTMENT OF CORRECTIONS (I		
	DEMONSTRATES INTEREST IN AND PRIORITIZES AS AN AGENCY. (OUR CURRENT	
	FOCUS IS TO EXPAND AND ENHANCE THE WORK OF THE DOC.		
		anna-n-a	=
	WE HAVE INVESTED IN PROGRAM IMPLEMENTATION THAT RELATES		TO
	RE-ENTRY AND RELEASE INITIATIVES: CAREER READINESS TRAIN	NING, JUB	
	PROGRAMS, INDUSTRY CREDENTIAL PARTNERSHIPS, ONLINE/CLASS	SROOM TRAINING	
	PROGRAMS, AND MORE.		
	HOOR EXCIT TOWNER MURE EXPANDION OF CEDENTETCAME DROCKAME	IN MUR COMMINIT	mv.
	FCCE FACILITATES THE EXPANSION OF CERTIFICATE PROGRAMS I CORRECTIONS-RELEASE POPULATION (THOSE ON PROBATION), TEC		11
4b	(Code:) (Expenses \$) (Reve	nue \$,
4c	(Code:) (Expenses \$) (Reve	nue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
4e	Total program service expenses 477,395.	Form 99	() (2022)
		1 01111 00	- (2022)

84-4942278 Page 3

			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? See instructions	2	Х	
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			
	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			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
,	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_
٥	•	8		x
9	Schedule D, Part III	Ť		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
40	If "Yes," complete Schedule D, Part IV	Ť		
10		10		х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11			1	
	as applicable.			2100
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	440		х
	Part VI	11a		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	116	_	
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	444		х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	х	
48	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		- 11	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40.	х	
	Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	105		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		_	X
-	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	140		
15		15		x
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		-21
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		Х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	''-		-27
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		-23
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
	complete Schedule G, Part III	19	_	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b	-	Δ.
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	ZUD		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		990	(2022)

84-4942278

Page 4

	(continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	Part IX, column (A), line 2? 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			\ v
	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	-	-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			İ
	transaction with a disqualified person during the year? If "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? /f "Yes," complete			
	Schedule L, Part I	25b	_	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	-	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		A
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):	E0.5		
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // // // // // // //			
a	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	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	00		x
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	- 00		
34	Part V. line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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?			l
	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			١,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		x	
Pai	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	1 11	
. 01	Check if Schedule O contains a response or note to any line in this Part V			
	, and the state of		Yes	No
1a	Enter the number reported in box 3 of Form 1096, Enter -0- if not applicable	1	The	
		0		78
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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	(Grinnes)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			EE	
	filed for the calendar year ending with or within the year covered by this return	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	L	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).				B. T
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).			140	
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 pay	yor?	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	_			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	-	7e	-	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0	⁽⁷⁾	7h		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	- 1	•		1200
_	sponsoring organization have excess business holdings at any time during the year?		8		100
9	Sponsoring organizations maintaining donor advised funds.	- 1"	9a		10000
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	····	JU	N D	
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			7 4	
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
~	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	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.	1			
а	Is the organization licensed to issue qualified health plans in more than one state?	L	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			147	
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	_		КЩ	
c	Enter the amount of reserves on hand				250
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			. 45	-
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	-	16		X
	If "Yes," complete Form 4720, Schedule O.		e J		14.
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.		100		

232005 12-13-22

Form **990** (2022)

	990 (2022) EXCELLENCE, INC.	84-4942			age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through	h 7b below, and for a	"No" r	espor	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See				
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
		5 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a	11			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent1b	11			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the dire				
			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		Х
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		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				
	more members of the governing body?		7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockh				
	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 t	he following;			
а	The governing body?		8a	X	
	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue				
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapter				
			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			i e	170
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to co		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	describe			
	on Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13		Х
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 in	ndependent			33.0
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				180
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	ın's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filedNONE				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 99	0-T (section 501(c)(3)s	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply				
	Own website Another's website X Upon request Other (explain on S	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	of interest policy, and	financ	ial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books ar	nd records			
	THE ORGANIZATION - 675-549-8584				

501 SOUTH CALHOUN STREET, TALLAHASSEE, FL 32399

232006 12-13-22

Form 990 (2022) EXCELLENCE, INC. 84-4 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

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	niza	tion	con	npen	sate	ed any current officer, d	rector, or trustee.	
(A)	(B) (C)							(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box, unless person is both at officer and a director/trustee					compensation	compensation	amount of	
	week	-	Cor an		1 1 1		100,	from	from related	other
	(list any	irecto						the	organizations	compensation from the
	hours for related	g or d	<u>a</u>			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	nste(trus		99	ubeu		1099-NEC)	1033-1420)	and related
	below	lag t	tiona	_	e	st cor	<u>.</u>	1000 1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ERICA AVERION	40.00								_	_
EXECUTIVE DIRECTOR	0.00			Х	_			66,500.	0.	0.
(2) DENVER STUTLER, JR.	1.00							_	_ 1	_
CHAIR	0.00	X		Х				0.	0.	0.
(3) ERIK DELLENBECK	1.00									
VICE CHAIR	0.00	X	_	Х		_		0.	0.	0.
(4) JON MCGAVIN	1.00									
TREASURER	0.00	X		X				0.	0.	0.
(5) NOELLE MANASCO	1.00							_	_	_
SECRETARY	0.00	_	_	X	_			0.	0.	0.
(6) DAVID BLACK	1.00									
DIRECTOR		X	_	_		_	_	0.	0.	0.
(7) DOUG DEASON	1.00	7.							ا م	0
DIRECTOR	0.00	X		-		_	_	0.	0.	0.
(8) MARK INCH DIRECTOR	1.00	x						0.	0.	0.
(9) VICKI LOPEZ	1.00	^	_	-	_	_		0.	0.	<u> </u>
DIRECTOR	0.00	x						0.	0.	0.
(10) MARK REYNOLDS	1.00	^			-		_	0.	0.	<u> </u>
DIRECTOR	0.00	х						0.	0.	0.
(11) NEWTON SANON	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(12) PRESTON SCOTT	1.00									
DIRECTOR	0.00	x						0.	0.	0.
(13) JOSH SMITH	1.00									
DIRECTOR	0.00	X						0.	0.	0.
				_	-	-				
0	l									Form 990 (2022)

Form 990 (2022)

Par	VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	iH b	ghe	st C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title Average hours per			Position (do not check more than one box, unless person is both an officer and a director/trustee)					Reportable	Reportable		Estimated		ed
									compensation	compensation	·		ount	of
		week (list any						100,	from	from related			other	#: a.a
		hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC	., I		pensa om th	
		related	a or d	tee			sated		(W-2/1099-MISC/	1099-NEC)	″		anizat	
		organizations	ruste	l trus		e	mpel I		1099-NEC)	10001120)		_	d relat	
		below	lan	Institutional trustee	=	(ey employee	est co	, ₅	,			orga	nizati	ons
		line)	Indiv	Instit	Officer	Key	Highest compensated employee	퉅						
			H				\vdash	┢			-			
											_			
			H		Н		H	\vdash						
								L			_			
			T			Г		T			\neg			
			H	_			\vdash	⊢			-	-		
								Γ						
_					\vdash		\vdash	⊢			-	-		
1b	Subtotal								66,500.		0.			0.
C	Total from continuation sheets to Part VI								0.		0.			0.
d	Total (add lines 1b and 1c)								66,500.		0.			0.
2	Total number of individuals (including but n								eceived more than \$100,	000 of reportable				
	compensation from the organization													0
	71.11 () () () () () () () () () (-U. a akan kanak						. []			ſ		Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s										- 1	3		х
4	For any individual listed on line 1a, is the su										"			
4	and related organizations greater than \$150										- 1	4	-	X
5	Did any person listed on line 1a receive or a	ccrue comper	nsati	on fi	rom	anv	unre	elate	ed organization or individ	lual for services		614	113	
_	rendered to the organization? /f "Yes." com											5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										ensat	ion fro	m	
_	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin		ear.				
	(A) Name and business	address	NI	ONE	7				(B) Description of s	ervices	С	C) omper		n
)1 41					·					
	Total number of independent contractors (in	ncluding but p	ot lin	niter	d to	thos	se lie	ted	above) who received mo	ore than	10	12		
_	\$100,000 of compensation from the organization		J. 111)		and to food the		34	.35		
												Form !	390 e	2022

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Form 990 (2022)

FLORIDA FOUNDATION FOR CORRECTIONAL EXCELLENCE, INC.

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Revenue excluded Related or exempt Unrelated Total revenue function revenue business revenue from tax under sections 512 - 514 1 a Federated campaigns Contributions, Giffs, Grants 1a b Membership dues 1b Fundraising events 10 d Related organizations 1d 479,787. 1e e Government grants (contributions) All other contributions, gifts, grants, and 25,000. similar amounts not included above ... 1f Noncash contributions included in lines 1a-1f 504,787. h Total. Add lines 1a-1f **Business Code** Program Service f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 6 a Gross rents 6a 6b b Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory **Business Code** Miscellaneous d All other revenue e Total. Add lines 11a-11d 504,787. 0. 0. 0. Total revenue. See instructions

Form 990 (2022)

232009 12-13-22

Form 990 (2022) EXCELLENCE, INC.
Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must compl	lete all columns. All othe	r organizations must con	plete column (A).	
	Check if Schedule O contains a respons				(5)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	313,089.	313,089.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	110 000	107 171	10 070	
	trustees, and key employees	119,250.	107,171.	12,079.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	7,714.	7,714.		
7	Other salaries and wages	7,714.	7,714.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management	43,969.	43,969.		
b	Legal	5,267.	40,000.	5,267.	
C	Accounting	5,207.		5,2071	
d	Lobbying Professional fundraising services. See Part IV, line 17	269.			269.
e		205.			
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	1,617.		1,617.	
14	Information technology	476.		476.	
15	Royalties				
16	Occupancy				
17	Travel	4,031.	4,031.		
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				
23	Insurance	1,421.	1,421.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a b c d					
е	All other expenses		455 335	40 400	0.66
25	Total functional expenses. Add lines 1 through 24e	497,103.	477,395.	19,439.	269.
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)				Form 990 (2022)
232016	12-13-22				1 01111 200 (2022)

FLORIDA FOUNDATION FOR CORRECTIONAL EXCELLENCE, INC.

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 350,577. 2,426. 1 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Assets Inventories for sale or use 8 1,437. 9 Prepaid expenses and deferred charges 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 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 2,426. 352,014. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 71,691. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 270,213. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 0. 341,904. 26 Total liabilities. Add lines 17 through 25 ... Organizations that follow FASB ASC 958, check here **Net Assets or Fund Balances** and complete lines 27, 28, 32, and 33. 2,426. 2.426. 27 Net assets without donor restrictions Net assets with donor restrictions 7,684. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 10,110. 2,426. Total net assets or fund balances 32 32 352,014. 2,426. Total liabilities and net assets/fund balances

Form 990 (2022)

COLL	1990 (2022) BACHEHINGE / 1100				4MC			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
			_					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		94,7				
2	Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1							
4								
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
_	column (B))	10		L0,1	10.			
Pai	t XII Financial Statements and Reporting							
_	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990:			100	198			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		100	83			
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis		1000	77				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	-			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis		in the same		No.			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			١.,				
	review, or compilation of its financial statements and selection of an independent accountant?			X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O		1 3	TOTAL S			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				,,			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			-	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000				
			For	n 990	(2022)			

Exclusion Codes

General Exceptions

- Income from an activity that is not regularly carried on (section 512(a)(1))
- 02 Income from an activity in which labor is a material income-producing factor and substantially all (at least 85%) of the work is performed with unpaid labor (section 513(a)(1))
- 03 Section 501(c)(3) organization Income from an activity carried on primarily for the convenience of the organization's members, students, patients, visitors, officers, or employees (hospital parking lot or museum cafeteria, for example) (section 513(a)(2))
- 04 Section 501(c)(4) local association of employees organized before May 27, 1969 - Income from the sale of work-related clothes or equipment and items normally sold through vending machines; food dispensing facilities; or snack bars for the convenience of association members at their usual places of employment (section 513(a)(2))
- Income from the sale of merchandise, substantially all of which (at least 85%) was donated to the organization (section 513(a)(3))

Specific Exceptions

- 06 Section 501(c)(3), (4), or (5) organization conducting an agricultural or educational fair or exposition - Qualified public entertainment activity income (section 513(d)(2))
- 07 Section 501(c)(3), (4), (5), or (6) organization Qualified convention and trade show activity income (section 513(d)(3))
- 1ncome from hospital services described in section 513(e)
- 09 Income from noncommercial bingo games that do not violate state or local law (section 513(f))
- 10 Income from games of chance conducted by an organization in North Dakota (section 311 of the Deficit Reduction Act of 1984, as amended)
- Section 501(c)(12) organization Qualified pole rental income (section 513(g)) and/or member income (described in section 501(c)(12)(H))
- 12 Income from the distribution of low-cost articles in connection with the solicitation of charitable contributions (section 513(h))
- 13 Income from the exchange or rental of membership or donor list with an organization eligible to receive charitable contributions by a section 501(c)(3) organization; by a war veterans' organization; or an auxiliary unit or society of, or trust or foundation for, a war veterans' post or organization (section 513(h))

Modifications and Exclusions

- 14 Dividends, interest, payments with respect to securities loans, annuities, income from notional principal contracts, other substantially similar income from ordinary and routine investments, and loan commitment fees, excluded by section 512(b)(1)
- 15 Royalty income excluded by section 512(b)(2)
- 16 Real property rental income that does not depend on the income or profits derived by the person leasing the property and is excluded by section 512(b)(3)

- 17 Rent from personal property leased with real property and incidental (10% or less) in relation to the combined income from the real and personal property (section 512(b)(3))
- 18 Gain or loss from the sale of investments and other non-inventory property and from certain property acquired from financial institutions that are in conservatorship or receivership (sections 512(b)(5) and (16)(A))
- 19 Gain or loss from the lapse or termination of options to buy or sell securities or real property, and on options and from the forfeiture of good-faith deposits for the purchase, sale, or lease of investment real estate (section 512(b)(5))
- 20 Income from research for the United States; its agencies or instrumentalities; or any state or political subdivision (section 512(b)(7))
- 21 Income from research conducted by a college, university, or hospital (section 512(b)(8))
- 22 Income from research conducted by an organization whose primary activity is conducting fundamental research, the results of which are freely available to the general public (section 512(b)(9))
- 23 Income from services provided under license issued by a federal regulatory agency and conducted by a religious order or school operated by a religious order, but only if the trade or business has been carried on by the organization since before May 27, 1959 (section 512(b)(15))

Foreign Organizations

 Foreign organizations only - Income from a trade or business NOT conducted in the United States and NOT derived from United States sources (patrons) (section 512(a)(2))

Social Clubs and VEBAs

- 25 Section 501(c)(7), (9), or (17) organization -Non-exempt function income set aside for a charitable, etc., purpose specified in section 170(c)(4) (section 512(a)(3)(B)(i))
- 26 Section 501(c)(7), (9), or (17) organization -Proceeds from the sale of exempt function property that was or will be timely reinvested in similar property (section 512(a)(3)(D))
- 27 Section 501(c)(9) or (17) organization -Nonfunction income set aside for the payment of life, sick, accident, or other benefits (section 512(a)(3)(B)(ii))

Veterans' Organizations

- 28 Section 501(c)(19) organization Payments for life, sick, accident, or health insurance for members or their dependents that are set aside for the payment of such insurance benefits or for a charitable, etc., purpose specified in section 170(c)(4) (section 512(a)(4))
- 29 Section 501(c)(19) organization Income from an insurance set-aside (see code 28 above) that is set aside for payment of insurance benefits or for a charitable, etc., purpose specified in section 170(c)(4) (Regs. 1.512(a)-4(b)(2))

Debt-Financed Income

- 30 Income exempt from debt-financed (section 514) provisions because at least 85% of the use of the property is for the organization's exempt purposes. (Note: This code is only for income from the 15% or less non-exempt purpose use.) (section 514(b)(1)(A))
- 31 Gross income from mortgaged property used in research activities described in section 512(b)(7), (8), or (9) (section 514(b)(1)(C))
- 32 Gross income from mortgaged property used in any activity described in section 513(a)(1), (2), or (3) (section 514(b)(1)(D))
- Income from mortgaged property (neighborhood land) acquired for exempt purpose use within 10 years (section 514(b)(3))
- Income from mortgaged property acquired by bequest or devise (applies to income received within 10 years from the date of acquisition) (section 514(c)(2)(B))
- 35 Income from mortgaged property acquired by gift where the mortgage was placed on the property more than 5 years previously and the property was held by the donor for more than 5 years (applies to income received within 10 years from the date of gift) (section 514(c) (2)(B))
- 36 Income from property received in return for the obligation to pay an annuity described in section 514(c)(5)
- 37 Income from mortgaged property that provides housing to low and moderate income persons, to the extent the mortgage is insured by the Federal Housing Administration (section 514(c)(6)). (Note: In many cases, this would be exempt function income reportable in column (e). It would not be so in the case of a section 501(c)(5) or (6) organization, for example, that acquired the housing as an investment or as a charitable activity.)
- 38 Income from mortgaged real property owned by: a school described in section 170(b)(1) (A)(ii); a section 509(a)(3) affiliated support organization of such a school; a section 501(c)(25) organization; or by a partnership in which any of the above organizations owns an interest if the requirements of section 514(c)(9)(B)(vi) are met (section 514(c)(9))

Special Rules

- 39 Section 501(c)(5) organization Farm income used to finance the operation and maintenance of a retirement home, hospital, or similar facility operated by the organization for its members on property adjacent to the farm land (section 1951(b)(8)(B) of Public Law 94-455)
- 40 Annual dues, not exceeding \$161 (subject to inflation), paid to a section 501(c)(5) agricultural or horticultural organization (section 512(d))

Trade or Business

41 - Gross income from an unrelated activity that is regularly carried on but, in light of continuous losses sustained over a number of tax periods, cannot be regarded as being conducted with the motive to make a profit (not a trade or business)

Other

- Receipt of qualified sponsorship payments described in section 513(i)
- Exclusion of any gain or loss from the qualified sale, exchange, or other disposition of any qualifying brownfield property (section 512(b)(19))

SCHEDULE A

(Form 990)

Total

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

FLORIDA FOUNDATION FOR CORRECTIONAL **Employer identification number** Name of the organization 84-4942278 EXCELLENCE. INC. Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 X 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (v) is the organization lister (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN in your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions)) FLORIDA DEPARTMENT OF CORRECTIONS 313,089. 59-2869774 6 Х

0.

313,089.

Form 990) 2022 EXCELLENCE, INC. 84-4942 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions		1				
	by each person (other than a		100		THE REAL PROPERTY.		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		70 50				
	column (f)						
6	Public support, Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10		- IRTIN				
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section t	501(c)(3)	-
_	organization, check this box and stor						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (li	ne 6, column (f), d	ivided by line 11,	column (f))		14	<u>%</u>
	Public support percentage from 2021					15	<u>%</u>
16a	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts					VI how the organiz	ation
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the						[
	organization meets the facts-and-circu						
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 160, 1/a, or 17b	o, check this box a		
						ocnequie A	(Form 990) 2022

84-4942278 Page 3

Schedule A (Form 990) 2022 EXCELLENCE, 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
-	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-		1				
4	· ·						
	ization's benefit and either paid to						
	or expended on its behalf		ļ ———				
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		ļ				
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	etion B. Total Support						
		T-10010	(L) 0010	/-V 2020	(4) 2021	(=) 2022	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst second third	fourth or fifth tay	vear as a section f	i01(c)(3) organizatio	on.
1-7	check this box and stop here	io organization s il	iot, scoolid, tilitu,	iodiai, or martax	, 541 45 4 5600011	(O)(O) Olganizati	
200	tion C. Computation of Publi	ic Support Per	centage				
				1 (0)		T ₄ ET	0/
	Public support percentage for 2022 (I		•	column (t))		15	<u>%</u>
	Public support percentage from 2021					16	%
	tion D. Computation of Inves					T. T	
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the	organization did n	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes." and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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?
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on 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 on 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 line 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	X	
2		х
H		
За		X
3b		
3с		
	1117	-
4a	4	X
4b		**
4c		
40		
5a	The sale	х
5b 5c		
00	l la	Ħ
	2-01	х
6		A
7		Х
8	2 1	X
9a		х
	YF.	
9b		X
9c		Х
40-		X
10a		

232024 12-09-22

Pai	rt IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		188
	11c below, the governing body of a supported organization?		X
b	A family member of a person described on line 11a above?		X
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	-	
	detail in Part VI.		X
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported	х	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.		X
Sec	tion C. Type II Supporting Organizations		
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1.0
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	7 10	
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s)		
Sec	tion D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	100	1
	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		10
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	15.11	18
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	E" 3	
	the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described on line 2, above, 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	100	30
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. 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 governmental entity (see instruction	1	_
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1-8	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	V 9	1
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	19-1-	200
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		12/10
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		100
	these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		190
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	77	.1
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.		

232025 12-09-22

Schedule A (Form 990) 2022

84-4942278 Page 6 EXCELLENCE, INC. Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 2 Enter 0.85 of line 1. 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 Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule	Α	(Form	990)	2022

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions)

emergency temporary reduction (see instructions).

	t V Type III Non-Functionally Integrated 509	NC.	nizations		-4942278	Page
Par		(a)(3) Supporting Orga	nizations (contin	ued)	Comment Van	_
	on D - Distributions				Current Year	
	Amounts paid to supported organizations to accomplish exe			1		
	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported				
	organizations, in excess of income from activity	9619 Wall		2		_
	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3		
	Amounts paid to acquire exempt-use assets	The suppose of the same of the		4		_
	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5		
_	Other distributions (describe in Part VI). See instructions.			6		
	Total annual distributions. Add lines 1 through 6.			7		
	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount		F	10		_
Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 20	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					MH
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022			Action		
	From 2017					
b	From 2018					
С	From 2019					
	From 2020					
e	From 2021					
	Total of lines 3a through 3e			-77		
	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
	Carryover from 2017 not applied (see instructions)					
	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.					
	Distributions for 2022 from Section D,		and property of			
	line 7:					
	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater			18		
	than zero, explain in Part VI. See instructions.			3		
	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.	LOCAL TOTAL				
	Excess distributions carryover to 2023. Add lines 3j			PA S	THE SHALL	3
	and 4c.					
	Breakdown of line 7:				The State of	
	Excess from 2018					
	Excess from 2019		Leading Indian	1,21		
	Excess from 2020					
	Excess from 2021					- 17
	Excess from 2022				3 - 123	

84-4942278 Page 8 EXCELLENCE, INC. Schedule A (Form 990) 2022 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) PUBLIC SUPPORT SHORT YEAR EXPLANATION: FLORIDA FOUNDATION OF CORRECTIONAL EXCELLENCE, INC. WAS INCORPORATED FEBRUARY 6, 2020 MAKING THE INITIAL RETURN ENDING JUNE 30, 2020 A SHORT YEAR.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Name of the organization

FLORIDA FOUNDATION FOR CORRECTIONAL EXCELLENCE, INC.

Employer identification number

Organization type (check one	y.
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
Ξ	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
, ,	overed by the General Rule or a Special Rule. , (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	ling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ne contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) and contributor, during th	lescribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under d 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one se year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; ne 1. Complete Parts I and II.
	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one
literary, or educationa	ne year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, all purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
year, contributions ex is checked, enter here purpose. Don't comp	rescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the **xclusively** for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box the total contributions that were received during the year for an **exclusively** religious, charitable, etc., lete any of the parts unless the **General Rule** applies to this organization because it received **nonexclusively** etc., contributions totaling \$5,000 or more during the year ***.**
answer "No" on Part IV, line 2,	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 equirements of Schedule B (Form 990).

Name of organization

FLORIDA FOUNDATION FOR CORRECTIONAL EXCELLENCE, INC.

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DEASON CAPITAL SERVICES 3953 MAPLE AVE., STE. 150 DALLAS, TX 75219	\$	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
2	FLORIDA DEPARTMENT OF CORRECTIONS 501 SOUTH CALHOUN STREET TALLAHASSEE, FL 32399	\$\$	Person X Payroll
(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 Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 11-15		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Name of organization

FLORIDA FOUNDATION FOR CORRECTIONAL EXCELLENCE, INC.

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	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
		\$	
(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
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	0
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
23453 11-15	-22		Schedule B (Form 990) (2022

Employer identification number Name of organization FLORIDA FOUNDATION FOR CORRECTIONAL 84-4942278 EXCELLENCE, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

09540130 789407 513905.1

SCHEDULE D (Form 990)

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.

2022 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.
FLORIDA FOUNDATION FOR CORRECTIONAL

Employer identification number 84-4942278

EXCELLENCE, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

232051 09-01-22

Schedule D (Form 990) 2022

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

Sche		NCE, INC.				34-49			age 2
Par	t III Organizations Maintaining C	collections of Ar	t, Historical Ti	reasures, or Othe	er Similar	Assets	(conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	e following that make	significant u	se of its			
	collection items (check all that apply):								
а	Public exhibition	c	I Loan or e≫	kchange program					
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	how they further	the organization's exe	empt purpos	e in Part l	XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, historical tre	asures, or other simila	ır assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	ne organization's o	collection?			Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizat	ion answered "Yes" o	n Form 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custodi	ian or other intermed	iary for contributio	ns or other assets no	t included		_	_	_
	on Form 990, Part X?					L_	Yes	L	_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
							Amoun	t	
C	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance								_
	Did the organization include an amount on F					L	Yes	_	_ No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete								
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three ye	ars back	(e) Fou	r years	back
	Beginning of year balance								
b	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	•	e (line 1g, column ((a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment								
c		%							
	The percentages on lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held	and administered for t	he				
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		_
	(ii) Related organizations						3a(ii)		-
b	If "Yes" on line 3a(ii), are the related organization	-		?			3b		l
4	Describe in Part XIII the intended uses of the		wment funds.						_
Pai	t VI Land, Buildings, and Equipm		. D. 1 D. P. 44	0 - F 000 P+	. E 40				
	Complete if the organization answere					. 1	=		
	Description of property	(a) Cost or o	, , ,	1 ' '	Accumulated	1	(d) Boo	k valu	е
		basis (investr	nent) basi	s (other) d	epreciation	_			
	Land								
	Buildings					-			
	Leasehold improvements					-			
	Equipment					-			
	Other			241.76		+			0
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X. column (B), line	10c.)					0.

Schedule D (Form 990) 2022

	84-	-494	2278	B Page
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Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
Financial derivatives	(b) Dook value	(S) Mariou C. Talaarion Good of one	j and
Closely held equity interests			
Other			
(A)		İ	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		AND THE RESERVE OF THE PARTY OF	
Part IX Other Assets.	5 000 D 1 D 1 D 1 D 1 D 1 D 1 D 1 D 1 D 1	44 L O . E	
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(h) Pook volue
A) 10	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		7	
(9)	15 \		
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	75.)		
	F 000 P+ IV II	11e or 11f, See Form 990, Part X, line 25.	
Complete if the organization answered "Yes"	on Form 990. Part IV. line		
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line		(b) Book value
(a) Description of liability	on Form 990, Part IV, line		(b) Book value
(a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line		(b) Book value
(a) Description of liability (1) Federal income taxes (2)	on Form 990, Part IV, line		(b) Book value
(a) Description of liability (1) Federal income taxes (2) (3)	on Form 990, Part IV, line		(b) Book value
(a) Description of liability (1) Federal income taxes (2) (3) (4)	on Form 990, Part IV, line		(b) Book value
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	on Form 990, Part IV, line		(b) Book value
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	on Form 990, Part IV, line		(b) Book value
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line		(b) Book value
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	on Form 990, Part IV, line		(b) Book value
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			(b) Book value

232053 09-01-22

FLORIDA FOUNDATION FOR	CORRECTIONAL	91_10	942278 Page 4
Schedule D (Form 990) 2022 EXCELLENCE, INC. Part XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue	e ner Return	422/0 Page 4
		c per netarri.	
Complete if the organization answered "Yes" on Form 990, Part IV,	ine 12a.	1.1	504,787.
1 Total revenue, gains, and other support per audited financial statements		1	504,767.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1.1	5 7	
a Net unrealized gains (losses) on investments			
b Donated services and use of facilities			
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)	2d		•
e Add lines 2a through 2d			0.
3 Subtract line 2e from line 1		3	504,787.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	V (40		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	100	
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1;	2.)	5	504,787.
Part XII Reconciliation of Expenses per Audited Financial S	tatements With Expens	ses per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
Total expenses and losses per audited financial statements		1	497,103.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments			
c Other losses			
d Other (Describe in Part XIII.)		5.15	
		2e	0.
			497,103.
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		22.7200
Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)		40	0.
c Add lines 4a and 4b			497,103.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	497,103.
Part XIII Supplemental Information.		137 8 4 5 137 5	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		art v, mie 4, i artz, i	
PART X, LINE 2:			
THE FOUNDATION RECEIVED A DETERMINATION I	ETTER FROM THE	INTERNAL F	EVENUE
SERVICE IN JANUARY 2023 GRANTING IT AN EX	EMPTION FROM F	EDERAL INCO	ME TAX
UNDER IRS, SECTION 501(C)(3), AND AS SUCH	I, IS LIABLE FOR	R INCOME TA	XES ONLY
ON BUSINESS INCOME UNRELATED TO THE PURPO	SE FOR WHICH IT	T IS EXEMPT	THE
STATUS WAS EFFECTIVE IN FEBRUARY 2020. TH	E FOUNDATION HA	AD NO SIGNI	FICANT
UNRELATED BUSINESS INCOME FOR THE YEAR EN	DED JUNE 30, 20	23. THERE	ARE
CURRENTLY NO INTERNAL REVENUE SERVICE AUL			
CONTRACT OF THE PROPERTY OF TH			
PERIODS.			

FLORIDA FOUNDATION FOR CORRECTIONAL Schedule D (Form 990) 2022 EXCELLENCE Part XIII Supplemental Information (continued) 84-4942278 Page 5 EXCELLENCE, INC.

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

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22,

Attach to Form 990.

OMB No. 1545-0047	2022	Open to Public	Inspection

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

% Schedule I (Form 990) 2022 Employer identification number 84-4942278 ORKFORCE TRAINING AND (h) Purpose of grant or assistance RE-ENTRY PROGRAM X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any SSISTANCE 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ó (e) Amount of assistance noncash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 313,089 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table FOR CORRECTIONAL (c) IRC section (if applicable) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table FLORIDA FOUNDATION 59-2869774 General Information on Grants and Assistance (P) EIN EXCELLENCE, INC. criteria used to award the grants or assistance? 1 (a) Name and address of organization FLORIDA DEPARTMENT OF CORRECTIONS 501 SOUTH CALHOUN STREET or government TALLAHASSEE, FL 32399 Name of the organization Part II Part 윤 목 ณ

(Form 990) 2022 EXCELLENCE, INC.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) 2022

Part III Grants and Other

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, line	2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
ALL GRANTS ARE APPROVED AND SIGNED	BY THE	BOARD OF DI	DIRECTORS. T.	THE TREASURER	
OF THE FOUNDATION MAINTAINS A COPY	OF THE	GRANTS AND	AND CAREFULLY REVIEWS	REVIEWS EACH	
TO ENSURE THAT ALL PROGRAMMATIC PROV.	SNOISI	ARE BEING MET.	MET.		

SCHEDULE O (Form 990)

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 Form 990-EZ.

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Go to www.irs.gov/Form990 for the latest information.
FLORIDA FOUNDATION FOR CORRECTIONAL
EXCELLENCE, INC.

Employer identification number 84-4942278

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE FLORIDA FOUNDATION FOR CORRECTIONAL EXCELLENCE, INC. (FFCE OR THE
FOUNDATION) IS A NONPROFIT DIRECT SUPPORT ORGANIZATION (DSO) DESIGNED
TO PROMOTE INNOVATIVE AND EFFECTIVE CAREER READINESS AND COMMUNITY
RE-ENTRY PROGRAMS WITHIN FLORIDA'S CORRECTIONAL SYSTEM. FFCE WILL
ENHANCE OPPORTUNITIES FOR FLORIDA'S RETURNING CITIZEN RE-ENTRY, JOB
TRAINING PROGRAMS, ONLINE AND CLASSROOM ACADEMIC TRAINING AND WELLNESS
PROGRAMS.
THE FOUNDATION AIMS TO BRIDGE THE GAP BETWEEN COMMUNITY RESOURCES AND
RE-ENTRY NEEDS BY CONNECTING PRIVATE AND PUBLIC PARTNERS, THEREBY
INCREASING INVESTMENT IN PUBLIC CORRECTIONAL RE-ENTRY AND WORKFORCE
TRAINING PROGRAMS SUPPORTING PUBLIC SAFETY AND HEALTHY FLORIDA
COMMUNITIES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE PURPOSE OF THE FOUNDATION IS TO SERVE AS A CATALYST TO IDENTIFY AND
ADDRESS CRITICAL ISSUES WHICH IMPACT PUBLIC SAFETY, PROGRAMS, AND THE
REENTRY OF INMATES AND OFFENDERS WHO ARE UNDER THE SUPERVISION OF THE
FLORIDA DEPARTMENT OF CORRECTIONS. THE CORPORATION WILL BRIDGE THE GAP
BETWEEN COMMUNITY RESOURCES AND REENTRY NEEDS BY CONNECTING PRIVATE AND
PUBLIC PARTNERS, THEREBY INCREASING INVESTMENT IN PUBLIC CORRECTIONAL
RE-ENTRY AND WORKFORCE TRAINING PROGRAMS THAT SUPPORT PUBLIC SAFETY AND
HEALTHY FLORIDA COMMUNITIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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

Schedule O (Form 990) 2022

Employer identification number 84-4942278

INVESTMENTS TO SCALE CREDENTIALING FOR EMPLOYABILITY, AND A CAPITAL

PURCHASE TO FURTHER DEVELOP ONE OF THE STATE'S FASTEST-GROWING CAREER

AND TECHNICAL EDUCATION PROGRAMS.

FORM 990, PART VI, SECTION A, LINE 1A:

PER THE ADOPTED BYLAWS, IF AN EXECUTIVE COMMITTEE IS FORMED, IT SHALL BE

COMPOSED OF THE CURRENT OFFICERS OF THE FOUNDATION AND SUCH ADDITIONAL

DIRECTORS AS MAY BE APPOINTED BY THE CHAIR. THE EXECUTIVE COMMITTEE SHALL

HAVE, AND MAY EXERCISE, THE POWERS OF THE BOARD OF DIRECTORS IN THE INTERIM

BETWEEN BOARD MEETINGS. ANY ACTION TAKEN BY THE EXECUTIVE COMMITTEE

REQUIRING RATIFICATION BY THE BOARD SHALL BE REPORTED TO THE BOARD AT ITS

NEXT MEETING.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF THE FLORIDA FOUNDATION FOR CORRECTIONAL EXCELLENCE IS

APPOINTED BY THE SECRETARY OF THE FLORIDA DEPARTMENT OF CORRECTIONS.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF THE FORM 990 IS ISSUED TO THE EXECUTIVE DIRECTOR AND CHAIRMAN OF THE BOARD FOR REVIEW AND APPROVAL. ONCE APPROVED, THE FORM 990 IS SUBMITTED TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE FOUNDATION'S FINANCE COMMITTEE IS RESPONSIBLE FOR IDENTIFYING ANY

ACTUAL OR POTENTIAL CONFLICT OF INTEREST. ANY SUCH CONFLICT MUST BE

RESOLVED ACCORDING TO THE FOUNDATION'S CONFLICT OF INTEREST POLICY, WHICH

IS SIGN ANNUALLY BY THE BOARD OF DIRECTORS. BOARD MEMBERS ARE REQUIRED TO

FORMALLY AND PROMPTLY COMMUNICATE ANY POTENTIAL CONFLICT OF INTEREST TO THE

232212 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization FLORIDA FOUNDATION FOR CORRECTIONAL EXCELLENCE, INC.	Employer identification number 84-4942278
FOUNDATION BOARD CHAIR AND OTHER MEMBER OF THE BOARD OF DI	RECTORS.
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINA	NCIAL STATEMENTS
ARE AVAILABLE UPON REQUEST.	
(iii)	

SCHEDULE R Related Organizati

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2022 Open to Public Inspection

OMB No. 1545-0047

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

Attach to Form 990.

Inspection Employer identification number

> FLORIDA FOUNDATION FOR CORRECTIONAL EXCELLENCE, INC.

> > Name of the organization

Department of the Treasury Internal Revenue Service Employer identification num 84 – 4942278

Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. End-of-year assets <u>e</u> Total income € Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Primary activity <u>@</u> Name, address, and EIN (if applicable) of disregarded entity PartI Part II

(a)	(q)	(0)	(Q)	(e)	(J)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	ode	Public charity	Direct controlling	Section 51	2(b)(13) led
of related organization		foreign country)	section	status (if section	entity	entity?	4
				501(c)(3))		Yes	No
FLORIDA DEPARTMENT OF CORRECTIONS -							
59-2869774, 501 SOUTH CALHOUN STREET,							
TALLAHASSEE, FL 32399	STATE CORRECTIONS SYSTEM	FLORIDA			I/A		×

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

232161 09-14-22 LHA

36

Schedule R (Form 990) 2022

EXCELLENCE, INC.

Schedule R (Form 990) 2022

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

Page 2

۷.	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign county)	(a) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(j) (k) General or Percentage managing ownership
												Î
Part IV	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	ganizations Taxable a poration or trust durin	is a Corpcig the tax y	oration or Trust. Co year.	e omplete if the o	rganization ans	swered "Yes"	on Form 990, Pa	art IV, line 34	, because it had or	ne or mo	e related

		tion X(13) olled ty?	2								2022
	ے ا	Section 512(b)(13) controlled entity?	Yes								066
	(F)	Percentage ownership									Schedule R (Form 990) 2022
		Share of end-of-year	doodelo								Sche
	(J)	Share of total income									
	(e)	Type of entity (C corp, S corp,	or unad								
	(p)	Direct controlling entity									
	(c)	Legal domicile (state or foreign	country)								0
ing tine tax year.	(q)	Primary activity									
organizations treated as a corporation of this during the lax year.	(a)	Name, address, and EIN of related organization									232162 09-14-22

Schedule R (Form 990) 2022

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				۶	Yes No	اه
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more rela	ated organizations listed i	n Parts II-IV?	Y		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	_			<u>1</u>	×	м
b Gift, grant, or capital contribution to related organization(s)				1p	×	ì
c Gift, grant, or capital contribution from related organization(s)				10	×	Î
d Loans or loan guarantees to or for related organization(s)				70	×	L
					*	L
				<u>D</u>	1	
f Dividends from related organization(s)				#	×	м
g Sale of assets to related organization(s)				0	×	L
Purchase of assets from related organization(s)				ŧ	×	الم
				÷	×	الم
j Lease of facilities, equipment, or other assets to related organization(s)				÷	×	اسا
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×	M
l Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=	×	اسا
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			1	×	l _u l
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1r	×	L.
 Sharing of paid employees with related organization(s) 				9	×	l.
Raimhineamant naid to ralated organization(e) for exnance				4	*	
				4	1	ال
q reimbursement pard by related organization(s) for expenses				5	٩	اا
r Other transfer of cash or property to related organization(s)				+	×	
S			385	1s	×	اسا
2 If the answer to any of the above is "Yes," see the instructions for information on when	ho must complete thi	s line, including covered r	information on who must complete this line, including covered relationships and transaction thresholds.			1
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	pevlov		
(1) FLORIDA DEPARTMENT OF CORRECTIONS	В	313,089.	CASH VALUE			1 1
2 FLORIDA DEPARTMENT OF CORRECTIONS	บ	479,787.	CASH VALUE			1
(3)						1
(4)						
(5)						
9						
232163 09-14-22	(Schedule	Schedule R (Form 990) 2022	990) 20	122

84-4942278

Page 4

EXCELLENCE, INC.

Schedule R (Form 990) 2022

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

ntage rship				ř	
(k) Percent owners					
General or managing partner?					
Gen Gen 1 Par					
Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 pariner? Ven 1065)					School-its D (Exem DDD) 2009
Dispreportionate allocations?					
Dis dis dis dis dis dis dis dis dis dis d					
(g) Share of end-of-year assets					
(f) Share of total income					
Are all partners sec. 501(c)(3) ords.?					
Are all partners sec. 501(c)(3) orgs.?					
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

Schedule R (Form 990) 2022	EXCELLENCE, INC.	84-4942278	Page :
Schedule R (Form 990) 2022 Part VII Supplemental	Information		
Provide additional	information for responses to questions on Schedule R. See instructions.		
Frovide additional	mioritation for responses to questions on confedure 11. Oce morractions.		
			_
			_
		A.L. J. B. B.	001.001
32165 09-14-22		Schedule R (Form 9	3 0) 202

Form **8868**

(Rev. January 2022)

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

File a separate application for each return.

▶ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

forms liste Contracts,	d below with the exception of Form 8870, Information F for which an extension request must be sent to the IRS s form, visit www.irs.gov/e-file-providers/e-file-for-charit	Return for T S in paper	Transfers Associated With Certain Pe format (see instructions). For more d	ersonal Be	enefit		
Automa	tic 6-Month Extension of Time. Only subm	it origina	al (no copies needed).				
	ations required to file an income tax return other than Fo Form 7004 to request an extension of time to file income			s, REMICs	s, and trusts		
Type or print	Name of exempt organization or other filer, see instruction FLORIDA FOUNDATION FOR CORREXCELLENCE, INC.		NAL	Taxpaye	r identification numb		
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, so 501 SOUTH CALHOUN STREET				VI 17111,		
instructions.	City, town or post office, state, and ZIP code. For a for TALLAHASSEE, FL 32399						
Enter the F	Return Code for the return that this application is for (file	a separat				01	
Applicatio	n	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 1041-A			80	
Form 4720	(individual)	03	Form 4720 (other than individual)			09	
Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401/a) or 408/a) trust) 05 Form 6069							
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 1							
Form 990-T (trust other than above) 06 Form 8870							
Form 990-	T (corporation) THE ORGANIZATIO	07					
Telepho	one No. 675-549-8584 rganization does not have an office or place of business for a Group Return, enter the organization's four digit C . If it is for part of the group, check this box	in the Uni Group Exe	Fax No. [ited States, check this box	f this is fo	r the whole group, c		
the d	e tax year entered in line 1 is for less than 12 months, ch	anization's	return for: d ending JUN 30, 2023	the exem	npt organization retu — *	m for	
3a If thi	Change in accounting period s application is for Forms 990-PF, 990-T, 4720, or 6069,	enter the	tentative tax less				
	nonrefundable credits. See instructions.	, onto the	torraction tary 1000	За	s	0.	
	s application is for Forms 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	- 50			
	nated tax payments made. Include any prior year overpa			3b	s	0.	
	nce due. Subtract line 3b from line 3a. Include your pa						
	g EFTPS (Electronic Federal Tax Payment System). See			Зс	\$	0.	
	f you are going to make an electronic funds withdrawal						
instruction		• • • • • • • •				•	

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

Form 8868 (Rev. 1-2022)