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2015

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Form 990

Department of the Treasury
Internal Revenue Service

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
- Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
CORRECTIONS FOUNDATION INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) 501 SOUTH CALHOUN STREET

Room/suite

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

D Employer identification number

59-3440417

E Telephone number

(850) 717-3714

G Gross receipts \$ 752,804

F Name and address of principal officer
LOUIE L WAINWRIGHT
501 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32399H(a) Is this a group return for
subordinates? Yes NoH(b) Are all subordinates
Included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527J Website: ► WWW.CORRECTIONSFOUNDATION.ORGK Form of organization Corporation Trust Association Other ►

L Year of formation 1996

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities

TO SUPPORT THE PROGRAMS, PERSONNEL, AND SERVICES OF THE DEPARTMENT OF CORRECTIONS THROUGH GRANTS, CONTRIBUTIONS, AND COMMUNITY PARTNERSHIPS IN THE INTEREST OF PUBLIC SAFETY

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	4	5	6	7a	7b
4 Number of independent voting members of the governing body (Part VI, line 1b)					
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)					
6 Total number of volunteers (estimate if necessary)					
7a Total unrelated business revenue from Part VIII, column (C), line 12					
b Net unrelated business taxable income from Form 990-T, line 34					

		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		742,888	682,960
9 Program service revenue (Part VIII, line 2g)		0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8,368	10,949
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		38,635	2,011
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		789,891	695,920

		Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	15,000
14 Benefits paid to or for members (Part IX, column (A), line 4)		507,780	501,276
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		115,238	121,911
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 9,562			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		99,956	97,236
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		722,974	735,423
19 Revenue less expenses Subtract line 18 from line 12		66,917	-39,503

		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)		1,017,864	984,234
21 Total liabilities (Part X, line 26)		5,628	11,501
22 Net assets or fund balances Subtract line 21 from line 20		1,012,236	972,733

Part II Signature Block

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

Sign Here

Signature of officer

2017-01-11

Date

LOUIE L WAINWRIGHT PRESIDENT

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name BOB POWELL	Preparer's signature BOB POWELL	Date 2017-01-11	Check <input type="checkbox"/> if self-employed	PTIN P00005498
	Firm's name ► JAMES MOORE & CO PL			Firm's EIN ► 59-3204548	
	Firm's address ► 2477 TIM GAMBLE PLACE SUITE 200 TALLAHASSEE, FL 323084386			Phone no (850) 386-6184	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2015)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE MISSION OF THE CORRECTIONS FOUNDATION IS TO SUPPORT THE PROGRAMS, PERSONNEL, AND SERVICES OF THE DEPARTMENT OF CORRECTIONS THROUGH GRANTS, CONTRIBUTIONS, AND COMMUNITY PARTNERSHIPS IN THE INTEREST OF PUBLIC SAFETY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes 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 No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 501,276 including grants of \$) (Revenue \$)
PROVIDE EMERGENCY FINANCIAL ASSISTANCE TO D C EMPLOYEES DURING CRISIS SUCH AS CRITICAL HEALTH, DEATH, ACCIDENT, FIRE, ETC

4b (Code) (Expenses \$ 163,449 including grants of \$ 15,000) (Revenue \$)
SUPPORT THE PROGRAMS OF THE STATE OF FLORIDA DEPARTMENT OF CORRECTIONS, INCLUDING DOG OBEDIENCE TRAINING PROGRAMS, WELLNESS, CHAPLAINCY, DISASTER RELIEF, TROOP ASSISTANCE, K-9 DRUG INTERDICTION AND K-9 TRACKING UNITS, MEMBERSHIP RECRUITMENT AND RECOGNITION

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses  664,725