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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015

Open to Public Inspection

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/foi/m990](#)

Department of the Treasury
Internal Revenue Service

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) Room/suite

501 SOUTH CALHOUN STREET

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

TALLAHASSEE, FL 32399

F Name and address of principal officer

LOUIE L WAINWRIGHT

501 SOUTH CALHOUN STREET

TALLAHASSEE,FL 32399

D Employer identification number

59-3440417

E Telephone number

(850) 717-3714

G Gross receipts \$ 752,804

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.CORRECTIONSFOUNDATION.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1996 M State of legal domicile FL

Part I Summary					
Activities & Governance	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 <input type="checkbox"/> 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)	3	12		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11		
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	3		
Revenue	6 Total number of volunteers (estimate if necessary)	6	50		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0		
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0		
	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year		Current Year	
		742,888		682,960	
Expenses		0		0	
		8,368		10,949	
		38,635		2,011	
		789,891		695,920	
		0		15,000	
Net Assets or Fund Balances	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	
	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20	Beginning of Current Year		End of Year	
		1,017,864		984,234	
		5,628		11,501	
		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

LOUIE L WAINWRIGHT PRESIDENT

Type or print name and title

2017-01-11

Date

Paid Preparer Use Only

Print/Type preparer's name

BOB POWELL

Preparer's signature

BOB POWELL

Date

2017-01-11

Check ☐ 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 \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses ▶ 664,725