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Return of Organization Exempt From Income Tax

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

DLN: 93493320015697 OMB No 1545-0047

Do not enter social security numbers on this form as it may be made public Open to Public Department of the Treasur ▶ Information about Form 990 and its instructions is at www IRS gov/form990 Internal Revenue Service Inspection For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016 C Name of organization FLORIDA JUSTICE ASSOCIATION D Employer identification number ☐ Address change 59-1291221 ☐ Name change Doing business as ☐ Initial return Deturn/terminated E Telephone number Number and street (or P O $\,$ box if mail is not delivered to street address) 218 SOUTH MONROE STREET ☐ Amended return (850) 224-9403 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code TALLAHASSEE, FL $\,$ 32301 $\,$ G Gross receipts \$ 4,886,674 F Name and address of principal officer **H(a)** Is this a group return for ☐Yes ☑No subordinates? 218 SOUTH MONROE STREET H(b) Are all subordinates TALLAHASSEE, FL 32301 ☐Yes ☐No included? ☐ 501(c)(3) **☑** 501(c)(6) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW FLORIDAJUSTICEASSOCIATION ORG L Year of formation 1972 M State of legal domicile FL K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities PROMOTES THE DEVELOPMENT OF LAW IN FLORIDA Activities & Governance Check this box 🕨 🗌 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 28 Total number of volunteers (estimate if necessary) . . . 6 200 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 948,505 **7**b **b** Net unrelated business taxable income from Form 990-T, line 34 -118,115 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 14,160 32,129 **9** Program service revenue (Part VIII, line 2g) . . . 3,664,037 3,746,394 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 8,547 2,554 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 958,599 1,074,495 4,645,343 4,855,572 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 5,363 5,816 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 2,383,489 2,415,078 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 2,125,359 2,606,681 4,514,211 5,027,575 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 131,132 -172,003 Assets or d Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 3,273,900 3,306,266 1,875,443 21 Total liabilities (Part X, line 26) 1,671,074 1,602,826 1,430,823 22 Net assets or fund balances Subtract line 21 from line 20 . Part III 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 2017-11-14 Signature of officer Sign Here PAUL JESS EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name SUMNER A REED Preparer's signature SUMNER A REED Date PTIN Check | If P00072267 Paid self-employed Firm's EIN > 72-1396621 **Preparer** Firm's address ► 2633 CENTENNIAL BLVD SUITE 200 Phone no (850) 878-8777 Use Only TALLAHASSEE, FL 32308

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions) .

✓ Yes 🗆 No

Form	990 (2016)				Page 2
Par	t IIII Sta	tement of Program Service Acc	omplishments		
		ck if Schedule O contains a response or	note to any line in this Part III .		<u> </u>
1	Briefly desc	ribe the organization's mission			
PRO	OTES THE D	DEVELOPMENT OF LAW IN FLORIDA			
2	Did the org	anızatıon undertake any sıgnıfıcant prog	gram services during the year which	were not listed on	
	the prior Fo	orm 990 or 990-EZ?			☐ Yes ☑ No
	If "Yes," de	scribe these new services on Schedule	0		
3	Did the org	anization cease conducting, or make sig	nificant changes in how it conducts,	any program	
					☐ Yes ☑ No
		scribe these changes on Schedule O			
4	Section 50:	e organization's program service accom 1(c)(3) and 501(c)(4) organizations are and revenue, if any, for each program s	required to report the amount of gra		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Addition	al Data			
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Addition	al Data			
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Otherna	ware assumes (Dassumbs in Cabadilla O)			
4U	(Expenses	ram services (Describe in Schedule O) \$ including o	rants of \$	(Revenue \$)
4e	• •	gram service expenses ►	/	(
76		J. G. T. C. CAPCIISCS P			Form 990 (2016)

or X as applicable

Section 501(c)(3) organizations.

Page 3

No

Νo

Νo

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No

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No

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Nο

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Nο

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Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

b Was the organization included in consolidated, independent audited financial statements for the tax year?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Yes

5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right 6 7

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11a

11b

11c

11d

11e

11f

12a

12b

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Yes

Yes

Yes

Yes

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	<u> </u>			
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	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 Schedule K If "No," go to line 25a	24a		No
b	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 any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		

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26

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28a

28b

28c

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35a

35b

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Yes

Yes

Yes

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Yes

No

Nο

No

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Nο

Nο

Nο

Nο

Nο

Nο

	· ·		
b	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 any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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 L, Part I	25a	
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?	25b	

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

instructions for applicable filing thresholds, conditions, and exceptions)

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 🕏 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

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Par	t 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			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 34			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
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)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b		
C	If fes, to line 3a of 3b, did the organization line rottin 6000-17	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	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	Yes	
7				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
ь	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		
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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	_		
_		8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	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)			
12~	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	120		
J	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	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			
	Enter the amount of reserves on hand			, .
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Par	Tt VI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a '8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	'No" respo	nse to l	ines
				✓
So	Check if Schedule O contains a response or note to any line in this Part VI		• •	
36	ection 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	73	103	-110
	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 in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	72		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any othe officer, director, trustee, or key employee?	r 2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisor of officers, directors or trustees, or key employees to a management company or other person? .	ion 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or mo members of the governing body?	re 7a	Yes	
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following	ру		
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Reve	nue Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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?	, 10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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 exemp			
	status with respect to such arrangements?	16b		
	Let the Chates with which a convent the Forms 200 to required to be filed.			
17	List the States with which a copy of this Form 990 is required to be filed.			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s onl available for public inspection. Indicate how you made these available. Check all that apply	y)		
10	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 STEVE STEWART 218 SOUTH MONROE STREET TALLAHASSEE, FL 32301 (850) 224-9403			

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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								
La Complete	e this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's	tax							

year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(B)

(A)

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(C)

(D)

Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization (Worganizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest compensated employee Individual trustee or director Former organizations MISC) related Institutional Trustee below dotted employee organizations line) See Additional Data Table

(F)

(E)

Form 990 (2016) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	2/1099-MISC		2/1099-MISC)	related organizations	
See Additional Data Table											
1b Sub-Total						>					
d Total (add lines 1b and 1c)						▶ _		1,411,221	0	79,072	
2 Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rece	eived more than \$10	00,000		

Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 3 Νo 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 . 4 Yes Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for 5

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

(B)

Description of services

•	-

5

(C)

Compensation

Form 990 (2016)

Νo

Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

compensation from the organization ▶ 0

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Part '									
	Check If Schedul	e O contains a resp	onse or note to any l	(4	nis Part VIII A) evenue	Rel e> fu	(B) ated or kempt nction venue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s	1a Federated campaign	ns 1a			•		'		
anta	b Membership dues .	. 1b							
Gr.	c Fundraising events	1c							
ffs, r A	d Related organization	ns 1d							
ig ig	e Government grants (co	ontributions) 1e							
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, and similar amounts no above	gifts, grants, ot included 1f	32,129						
真章	g Noncash contribution in lines 1a-1f \$	ns included							
Contained			_						
	h Total.Add lines 1a-1	<u>r</u>	Business	Code [32,129	Т			1
표	25 FACIF DISTRIBUTIONS			900099	1.69	90,041	1,690	041	
رب ا	b MEMBERSHIP DUES	-		900099		41,050	1,241	·	
r E	c CLE SEMINARS			611600		73,702	· · · · · · · · · · · · · · · · · · ·	,702	
<u>.</u>	d CLE VIDEO & AUDIO			611710	:	36,260	36	,260	
32	e LEGISLATIVE RETREAT			900099		5,341	5	,341	
Program Service Revenue	f All other program ser	vice revenue							
) (gTotal.Add lines 2a-2f			46,394					
_			interest and other	1		I			T
	3 Investment income (in similar amounts) .	· · · · ·	Interest, and other		2,554	ı			2,554
	4 Income from investme	ent of tax-exempt b	ond proceeds >						
	5 Royalties		•	<u> </u>	6,554	1			6,554
		(ı) Real	(II) Personal						
	6a Gross rents	26,000	,						
	b Less rental expenses			1					
	c Rental income or	-5,102							
	(loss)	-3,102							
	d Net rental income or	(loss)		1	-5,102	2		-5,10	2
		(ı) Securities	(II) Other						
	7a Gross amount from sales of								
	assets other than inventory								
	b Less cost or			-					
	other basis and sales expenses								
	C Gain or (loss)			1					
	d Net gain or (loss) .		>	1					
	8a Gross income from fu								
ıne	(not including \$ contributions reporte	of d on line 1c)							
Ve	See Part IV, line 18								
æ	b Less direct expenses								
Other Revenue	c Net income or (loss)		rents •	1					
ŏ	9a Gross income from gasee Part IV, line 19								
		a							
	b Less direct expenses]					
	c Net income or (loss)		ties •	1					
	10aGross sales of inventage returns and allowance								
		а	1						
	b Less cost of goods s	old b]					
	c Net income or (loss)								
	Miscellaneous	Business Code		705.000			705.00		
	11aADMIN FEES (FJAPA	C)	541900		785,000	Ί		785,00	
	. ———				445.405		445.405		
	b MISCELLANEOUS		900099		116,436	Ì	116,436		
	c ADMIN FEES (TLEL)		541900		93,897	<u>'</u>		93,89	7
	d All other revenue .				77,710)	3,000	74,71	0
	e Total. Add lines 11a-	-11d	•		1,073,043	3			
	12 Total revenue. See	Instructions			4,855,572	<u>.</u>	3,865,830	948,50	9,108
						•		,	Form 990 (2016)

Part IX	Stat	teme	ent	of	Functional	Expenses	

			Page 10
olumns All other orga	inizations must com	plete column (A)	
line in this Part IX		<u></u>	<u> 🗆</u>
(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
5,816			
1,129,638			
977,451			
55,574			
124,543			
127,872			
27,305			
346,021			
,			
17 989			
328,630			
65,105			
105,827			
102,386			
230,877			
257,432			
,			
76 988			
·			
03,033			
213,000			
199,125			
170,000			
84,115			
289,956			
5,027,575			
	(A) Total expenses 5,816 5,816 1,129,638 1,129,638 1,129,638 277,451 55,574 124,543 127,872 27,305 346,021 17,989 328,630 65,105 105,827 102,386 230,877 257,432 8,872 4,872 76,988 83,053 213,000 199,125 170,000 84,115 289,956	Initial Part IX	(A) Program service expenses Management and general expenses

Form **990** (2016)

Form 990 (2016)

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Liabilities 22

Fund Balances

Assets or 30

Net

12 Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11

Other assets See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties .

key employees, highest compensated employees, and disqualified

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and

Intangible assets

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Accounts payable and accrued expenses

Tax-exempt bond liabilities

persons Complete Part II of Schedule L . .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

-	cash-hon-interest-bearing	1 .,,	_	
2	Savings and temporary cash investments	145,071	2	269,840
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	15,525	4	17,776
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$	933.950	6	952.165

	5	trustees, key employees, and highest compensa				5	
	6	Loans and other receivables from other disqualified persons (as defined us section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Comple Part II of Schedule L			933,950	6	952,165
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
A	9	Prepaid expenses and deferred charges			46,312	9	76,899
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,711,921			
	b	Less accumulated depreciation	10 b	1,751,832	1,003,583	10c	960,089
	11	Investments—publicly traded securities .		26,840	11	29,092	

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14.959

3.306.266

349,277

728,992

285.966

511.208

1,875,443

1,430,823

1,430,823

3.306.266

Form **990** (2016)

24.861

3,273,900

383,268

657,722

349.196

280.888

1,671,074

1.602.826

1,602,826

3.273.900

Form	990 (2016)				Page 12
Par	t XI Reconcilliation 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		4	,855,572
2	Total expenses (must equal Part IX, column (A), line 25)	2		5	,027,575
3	Revenue less expenses Subtract line 2 from line 1	3			172,003
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	,602,826
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 in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1	,430,823
Par	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				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			

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Form **990** (2016)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

Name: FLORIDA JUSTICE ASSOCIATION

EIN: 59-1291221

Form 990 (2016)

Form 990, Part III, Line 4a: MEMBER SERVICES - PROVIDE MEMBERS WITH EDUCATIONAL OPPORTUNITIES TO INCREASE THEIR PROFICIENCY IN THE PRACTICE OF LAW. THESE ARE PUBLISHING A LAW JOURNAL IN PRINT AND ELECTRONICALLY, PRODUCING SEMINARS AND RESEARCH MATERIALS DISTRIBUTED FROM THE SEMINARS AND WORKSHOPS AND PROVIDING MEMBERS WITH PEER TO PEER OPPORTUNITIES TO SHARE REFERENCES AND RESEARCH THROUGH LOCAL AND STATEWIDE MEETINGS AND THE INTERNET

Form 990, Part III, Line 4b: LEGISLATIVE SERVICES - FLORIDA JUSTICE ASSOCIATION WORKS TO ENSURE ACCESS TO THE COURTS FOR REDRESS OF ANY INJURY BOTH IN THE LEGISLATIVE AND LEGAL ARENAS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent, Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours organizations and a director/trustee) organization from the for related (W-2/1099-(W-2/1099organization and Highest compensated employee Former Individual trustee or director Institutional MISC) organizations MISC) related below dotted organizations employee line)

LAURIE BRIGGS	1 00	I ↓			0	0	
DIRECTOR		_ ^				0	
TIFFANY FADDIS	1 00	v			0	0	
DIRECTOR		_ ^				0	
LESLIE MITCHELL KROEGER	1 00	.,					

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PHILIP GOLD

HUBERT BROWN

WILLIAM COTTERALL

CLIFTON CURRY JR

JASON LAMOUREUX

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LESLIE MITCHELL KROEGER DIRECTOR	1 00	X				0	0	(
CHRISTOPHER LIGORI	1 00	X				0	0	(
DIRECTOR		ζ.				,	,	
ERIC ROMANO	1 00	~			·	0	0	

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer from related week (list from the compensation any hours and a director/trustee) organizations organization from the for related (W-2/1099-(W-2/1099organization and Highest compen Office Former Individual truste or director Key employee Institutional MISC) related organizations MISC) below dotted organizations line)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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DIRECTOR		χ.			,	3	
ANTHONY QUACKENBUSH	1 00	×			0	0	
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GREGORY YAFFA

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WAYLON THOMPSON	1 00						

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WAYLON THOMPSON	1 00	l 🗸			0	0	0
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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensat Former Individual trustee or director Institutional MISC) related organizations MISC) below dotted organizations employee line) 1 00

KIMBERLY DRIGGERS		_×			<u></u>	ام	I
DIRECTOR		^					
STEPHEN JAFFE	1 00	, , , , , , , , , , , , , , , , , , ,					
DIRECTOR		*			J		
LESLIE SCOTT JEAN-BART	1 00	V			0		
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LESLIE SCOTT JEAN-BART	1 00	×						
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CAMERON KENNEDY	1 00	×						
DIRECTOR		_ ^						
STEVE WATREL	1 00							

DIRECTOR

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DIRECTOR

BRENT MILLER

JOSEPH NUSBAUM

JARIAN LYONS

JAMES MAGAZINE

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensatemplovee Former Individual trustee or director Institutional organizations MISC) MISC) related below dotted organizations employee line) 1 00 LARRY PERRY Χ

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AARON WATSON

MATTHEW POSGAY

GLORIA SEIDULE

BERNARD WALSH

SEAN DOMNICK

BRENDA FULMER

RODNEY GREGORY

RICARDO MARTINEZ-CID

HERMAN RUSSOMANNO

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer from related week (list from the compensation any hours and a director/trustee) organizations organization from the for related (W-2/1099-(W-2/1099organization and Highest compensate Former Individual trustee or director Institutional MISC) related organizations MISC) below dotted organizations employee line) Trustee

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ANDREW WEINSTEIN	1 00	×			0	0	
DIRECTOR		^					
JEAN MARIE WHALEN	1 00	×			0	0	
DIRECTOR					Ů	,	
EDWARD ZEBERSKY	1 00	×			0	0	
DIRECTOR		^			Ĭ	Ĭ	

EDWARD ZEBERSKY	1 00	х			0	
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SEAN SHAW	1 00	l 🗸			0	
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DARYL PARKS

PHIL BURLINGTON

REBECCA CREED

RICHARD CHAIT

JONATHAN GILBERT

EDWARD ZEBERSKY	1 00				_	ا	
DIRECTOR		^			٥		
SEAN SHAW	1 00				0	0	
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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer from related week (list from the compensation any hours and a director/trustee) organizations organization from the for related (W-2/1099-(W-2/1099organization and Highest compensatemplovee Former Individual trustee or director Key employee organizations Institutional MISC) related MISC) below dotted organizations line) 1 00 VANESSA BRICE

VANCESSA BRICE		Ιx			l n	0	l
DIRECTOR					Ů		
ELIZABETH FINIZIO	1 00				0	0	
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LINDSAY TYGART	1 00	.,					

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DAVID HEIL

DIRECTOR

JAMES GUARNIERI

SCOTT MCMILLEN

STEPHEN CHARPENTIER

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensat Former Individual trustee or director Institutional organizations MISC) MISC) related director below dotted organizations employee line)

ANTHONY WHITE	1 00	×			0	0	
DIRECTOR		^				J	
CURRY PAJCIC	1 00	×			0	0	
DIRECTOR		^				Ü	1
TODD J MICHAELS	1 00						

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DEBRA HENLEY

TODD COPELAND

DANIEL MOWREY

DANIEL VASQUEZ

JASON WHITTEMORE

EXECUTIVE DIRECTOR

IMMEDIATE PAST PRESIDENT

CHRISTOPHER N LIGORI

KENNETH J MCKENNA

Compensated Employees, and Independent Contractors (D) (E) Name and Title Reportable Average Position (do not check more Reportable than one box, unless hours per compensation compensation week (list person is both an officer from the from related and a director/trustee) any hours organization organizations (W-2/1099-(W-2/1099organization and Highest compensat employee Former MISC) MISC)

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276,746

240,184

222,737

125,795

106,444

112,515

(F)

Estimated

amount of other

compensation

from the

related organizations

12,258

4,148

12,077

2,815

9,790

14,179

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer
IAMES GUSTAFSON	1 00			x
PRESIDENT				
AKE LYTAL III	1 00			_

TREASURER

DALE SWOPE

ROB PAULK

PAUL JESS

JEFF PORTER

JOHN BRAZZELL

KEVIN SWEENY

STEVE STEWART

POLITICAL DIRECTOR

POLITICAL DIRECTOR

ACCOUNTING DIRECTOR

PRESIDENT-ELECT

FUND DEVELOPMENT DIRECTOR

DEPUTY EXECUTIVE DIR & GEN

NORTH FLORIDA FUNDRAISER

SCHEDULE C (Form 990 or 990-

Department of the Treasury

EZ)

Political Campaign and Lobbying Activities

www.irs.gov/form990.

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

OMB No 1545-0047

2016 Open to Public

DLN: 93493320015697

Inspection

incina	ii Revenue Service							
• Se	ection 501(c)(3) organizations Co Section 501(c) (other than section	on Form 990, Part IV, Line 3, or Form 9 omplete Parts I-A and B Do not complete 501(c)(3)) organizations Complete Parts	Part I-C	·			tivities), the	n
f the • S • S f the Prox	Section 501(c)(3) organizations the Section 501(c)(3) organizations the organization answered "Yes" (sy Tax) (see separate instructions	on Form 990, Part IV, Line 4, or Form 9 at have filed Form 5768 (election under s at have NOT filed Form 5768 (election un on Form 990, Part IV, Line 5 (Proxy Tax ns), then	ection 501(h)) Co der section 501(h	mplete Pai)) Comple	rt II-A Do not te Part II-B D	comp o not	plete Part II-E t complete Pa	art II-A
	Section 501(c)(4), (5), or (6) organ	nizations Complete Part III		1	Formula	I 4:4		
	ne of the organization RIDA JUSTICE ASSOCIATION				Employer id 59-1291221	ientii	ication num	ıber
Part	: I-A Complete if the orga	anization is exempt under sectio	n 501(c) or is	a section	1 527 orga	niza	tion.	
1 2 3	Provide a description of the orga Political expenditures Volunteer hours	anization's direct and indirect political cam	npaign activities in	Part IV	•	\$_		
		anization is exempt under sectio	n 501(c)(3).					
1		tax incurred by the organization under se			•	\$		
2	, and the second se	tax incurred by organization managers ur			•	+ - \$		
3	, and the second se	ection 4955 tax, did it file Form 4720 for t				т-	☐ Yes	□ No
4a	Was a correction made?	,	,				□ Yes	□ No
b	If "Yes," describe in Part IV							
Part	I-C Complete if the org	anization is exempt under sectio	n 501(c), exce	ept section	on 501(c)(3).		
1	·	ided by the filing organization for section	•			\$_		
2	Enter the amount of the filing or function activities	ganization's funds contributed to other o	rganizations for se	ection 527 e	exempt •	\$_		
3	Total exempt function expenditu	ires Add lines 1 and 2 Enter here and or	Form 1120-POL,	lıne 17b	>	\$		
4	Did the filing organization file Fo	rm 1120-POL for this year?				_	☐ Yes	□ No
5	organization made payments For of political contributions received	l employer identification number (EIN) of or each organization listed, enter the amo d that were promptly and directly delivere ttee (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing orga olitical orga	nization's fun anization, suc	ıds A	lso enter the	
	(a) Name	(b) Address	(c) EIN	filing o	ount paid fron rganization's if none, enter -0-		(e) Amount of contributions and promp directly delives separate programments or an arrangement of the contribution of the contribution of the contribution content of the contribution of	received otly and vered to a political If none,
2								
3								
4								
5								
6								

Schedule C (Form 990 or 990-EZ) 2016

Total lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots nontaxable amount

Grassroots lobbying expenditures

activity

Part III-A

Part IV

1

2

3

1

(b)

Amount

Yes

1

2

1

2a

2b

2c

3

4 5

Schedule C (Form 990 or 990EZ) 2016

No

Nο

No

No

2,931,091

1,056,649

1.152.420

2,209,069

1,684,453

524,616

(a)

Yes

No

including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public?

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?

Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?

Total Add lines 1c through 1i 2a

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

(6).

expenditure next year?

Return Reference

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Dues, assessments and similar amounts from members

1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

expenses for which the section 527(f) tax was paid).

Current year

Carryover from last year

С Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

Supplemental Information

Taxable amount of lobbying and political expenditures (see instructions)

Were substantially all (90% or more) dues received nondeductible by members?

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

Did the organization agree to carry over lobbying and political expenditures from the prior year?

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

efile GRAPHIC print - DO NOT PROCESS SCHEDULE D

(Form 990)

Department of the Treasury

As Filed Data -

DLN: 93493320015697

OMB No 1545-0047

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.

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** FLORIDA JUSTICE ASSOCIATION 59-1291221 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 1 Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes 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? ☐ No 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 (e.g., recreation or education) Preservation of an 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 qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 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) and section 170(h)(4)(B)(II)? □ 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (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 If the organization elected, as permitted under SFAS 116 (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 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	dule D (Form 990) 2016									Page 2
Par	t IIII Organizations Maintaining Co	llections o	f Art, Histo	rical T	reasur	es, or Othei	· Similar A	ssets (contil	าued)	
3	Using the organization's acquisition, accession items (check all that apply)	on, and other	records, check	any of	the follo	wing that are	a significant i	use of its colle	ection	
а	Public exhibition		d		Loan o	r exchange pro	grams			
b	Scholarly research		е		Other					
С	Preservation for future generations									
4	Provide a description of the organization's co Part XIII	ollections and	explain how th	ney furt	her the o	organization's (exempt purpo	ose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than t						mılar	☐ Yes	□ N	o
Pai	Escrow and Custodial Arrang Complete if the organization ans X, line 21.		' on Form 99	0, Part	: IV, line	e 9, or report	ed an amou	unt on Form	990,	Part
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	dian or other	ntermediary fo	r contri	butions	or other assets	s not	☐ Yes	□ N	o
ь	If "Yes," explain the arrangement in Part XI.	II and comple	te the followin	a table			Δ	mount		_
c	Beginning balance	comple	1011011111	₃		1c				_
d	Additions during the year					1d				_
e	Distributions during the year					1e				_
f	Ending balance					1f				_
2a	Did the organization include an amount on F	orm 990, Par	t X, line 21, fo	r escrov	v or cust	odial account l	ıabılıty?	☐ Yes	□ м	_
b	If "Yes," explain the arrangement in Part XII									
Pa	rt V Endowment Funds. Complete									
1 2	Beginning of year balance	(a)Curren	t year (b)	Prior yea	ar (c	Two years back	(d)Three ye	ars back (e)F	our year	rs back_
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships				-					
	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end	balance (line	1g, colu	mn (a))	held as				
а	Board designated or quasi-endowment >	·	•	-						
ь	Permanent endowment ►									
С	Temporarily restricted endowment ▶									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100)%							
3а	Are there endowment funds not in the posse	ession of the o	organization th	at are h	eld and	admınıstered f	or the	1		
	organization by (i) unrelated organizations							3a(i)	Yes	No
	(ii) related organizations			•	•	•		3a(ii)		
b	If "Yes" on 3a(II), are the related organization	ons listed as r	equired on Sch	edule R	٠	·		3b		
4	Describe in Part XIII the intended uses of th	e organizatio	n's endowment	funds						
Pai	t VI Land, Buildings, and Equipme									
	Complete if the organization ans			,						
	Description of property (a) Cost or o (investri		(b) Cost or othe	n basis (оспег)	(c)Accumulated	uepreciation	(a)Bo	ok value	
1a	Land			2	58,500					258,500
b	Buildings			1,4	90,399		1,040,758			449,641
С	Leasehold improvements			2	82,827		97,107			185,720
d	Equipment			1	06,646		77,136			29,510

573,549

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

36,718

960,089

536,831

Schedule D (Form 990) 2016			Page 3
Part VII Investments—Other Securities. Complete if the or See Form 990, Part X, line 12.	rganization answ	vered 'Yes' on Form 9	90, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Book value		hod of valuation -of-year market value
(1)Financial derivatives			
(2)Closely-held equity interests	· ·		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	>		
Part VIII Investments—Program Related. Complete if the		wered 'Yes' on Form	990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Met	hod of valuation
(1)		Cost or end-	of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered 'Yes	▶ s' on Form 990, Pa	rt IV, line 11d See Forn	n 990, Part X, line 15
(a) Description			(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ	ered 'Yes' on Fo	rm 990. Part IV. line	. ▶ 11e or 11f.
See Form 990, Part X, line 25.		pok value	
(a) Description of Hability (1) Federal income taxes	(5) 5	SOK Varae	
ACCRUED VACATION AND SICK LEAVE		269,116	
DEFERRED COMPENSATION		29,092	
SETTLEMENT LIABILITY		213,000	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	•	511,208	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the organization's liability for uncertain tax positions under FIN 48 (ASC 740).			
	555K HOLO II GIO	C. C.C. TOOCHOLE Has	

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Page 4

31,102

5.027.575

5,027,575

Schedule D (Form 990) 2015

3 Subtract line 2e from line 1 . 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Schedule D (Form 990) 2016

Part XI

2

b

d

е 3

а

b

C

Part XIII

5

4

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Other (Describe in Part XIII)

Supplemental Information

Donated services and use of facilities .

Prior year adjustments . . .

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

4,855,572 Investment expenses not included on Form 990, Part VIII, line 7b. 4a Other (Describe in Part XIII) 4b b Add lines 4a and 4b . . . 4c

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.

4,855,572 1 Total expenses and losses per audited financial statements . 5,058,677

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

2a

2b

2c

2d

4b

Explanation

31,102

2e

3

4c

Page 5		Schedule D (Form 990) 2015	
	ation (continued)	Part XIII Supplemental Infor	
	Explanation	Return Reference	

Schedule D (Form 990) 2016

Additional Data

Software ID: Software Version:

EIN: 59-1291221

Name: FLORIDA JUSTICE ASSOCIATION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	FJA UTILIZES THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINITY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC 740, INCOME TAXES USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION AS OF DECEMBER 31, 2016, FJA HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATMENTS

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 31,102

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 31,102

efile GRAPHIC print - DO NOT PROCESS DLN: 93493320015697 As Filed Data OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) 2016 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** FLORIDA JUSTICE ASSOCIATION 59-1291221 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ☐ Yes **✓** No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III 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 recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (h) Purpose of grant (g) Description of (book, FMV, appraisal, organization if applicable non-cash assistance grant cash or assistance or government assistance other) (1) (3) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2016

Schedule I (Form 990) 2016

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part IV Su Return Reference

Explanation

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DLN: 93493320015697

OMB No 1545-0047

2015

Open to Public Inspection

Schedule J

(Form 990)

Treasury Internal Revenue

Department of the

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Service Name of the organization Employer identification number FLORIDA JUSTICE ASSOCIATION 59-1291221 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e g , maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Yes Participate in, or receive payment from, an equity-based compensation arrangement? 4с Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5а 5h Any related organization? If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a 6b Any related organization? If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 67 If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

ın Part III

section 53 4958-6(c)?

4 JEFF PORTER

POLITICAL DIRECTOR

205,507

(ii)

5,000

Page 2

Note. The sum of columns (B)(I		•		•	Part VII, Section A, lin	e 1a, applicable colui	mn (D) and (E) amount	s for that individual
(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		Base (ı) compensation	(iı) Bonus & ıncentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 DEBRA HENLEY EXECUTIVE DIRECTOR	(i)	283,500	5,512	37,788	0	31,681	358,481	0
	(ii)	0	0	0	0	0	0	0
2 ROB PAULK FUND DEVELOPMENT	(i)	262,650	12,512	1,584	0	12,258	289,004	0
DIRECTOR	(ii)	0	0	0	0	0	0	0
3 PAUL JESS DEPUTY EXECUTIVE DIR &	(i)	237,000	512	2,672	0	5,503	245,687	0
GEN	(ii)	0	0	0	0	0	0	0

12,230

Schedule J (Form 990) 2015

236,464

13,727

Schedule J (Form 990) 2015	Page 5
Part IIII Supplemental Inform	nation
Provide the information, explanation, or	r descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information
Return Reference	Explanation
,	Explanation

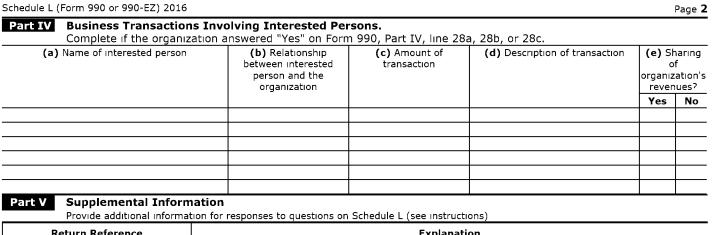
DEBRA HENLEY RECEIVED A CASH OUT OF HER NONQUALIFIED RETIREMENT PLAN IN THE AMOUNT OF \$26,840

Schedule J (Form 990) 2015

Cabadula 1 (Form 000) 201 F

PART I, LINE 4B

efile GRAPH	IIC print - DO	NOT PROCESS	As F	iled Data -					DL	N: 93	493320	0015697
Schedule (Form 990 or 9			Compl	ns with In ete if the organ art IV, lines 25;	ization ans	wered	_					545-0047
		(or Form	990-EZ, Part V	, line 38a or	· 40b.	DI 260	,			20 1	16
Department of the I Internal Revenue So	reasurv	Information about		ch to Form 990 ule L (Form 990 <u>www.irs.gov/</u> i	or 990-EZ)		uction	s is	at			Public
Name of the o							Em	ploy	er ide	ntifica	tion nur	
FLORIDA JUSTIC	CE ASSOCIATION						50-	1201	L221			
Part I Exc	cess Benefit T	ransactions (sect	ion 501	(c)(3), section 50	1(c)(4), and	501(c)(29) ord						
Con	nplete if the orgar	nization answered "Y	es" on F	orm 990, Part I\	, line 25a or	25b, or Form 9	90-EZ	, Pai	rt V, lin			
1	(a) Name of disq	ualified person	(b)	Relationship bet	ween dısqualı ganızatıon	fied person and	d (4		escripti insactio		(d) (Corrected?
					<u>-</u>		+				163	110
							+					
							+					
2 Enter the	amount of tax in	curred by organizati	on mana	agers or disqualif	ed persons d	uring the year	under	sect	ion			
4958 . 3 Enter the	amount of tax if	any, on line 2, abov	 /e reiml	bursed by the ord	nanization .			•	\$	<u> </u>		
					janizacion i					-		
	complete if the org	or From Interest ganization answered nt on Form 990, Part	"Yes" o	n Form 990-EZ, i	Part V, line 38	Ba, or Form 990	0, Part	IV,	line 26	, or ıf t	he organ:	nization
(a) Name of interested person	(b) Relationshij with organization	(c) Purpose of loan		an to or from the ganization?	(e)Original principal amount	(f) Balance due	(g) defau		(h Approv boar comm	ved by d or		Written ement?
			To	From	-		Yes	No	Yes	No	Yes	No
(1) FLORIDA JUSTICE PAC	COMMON BOARD	ADMINISTRATIVE EXPENSES REIMBURSABLE		X		41,972	-	No		No		No
(2) EAGLE	OWNER	ADMINISTRATIVE EXPENSES REIMBURSABLE		Х		82,536		No		No		No
(3) EAGLE	OWNER	DISTRIBUTIONS		X		214,841		No		No		No
(4) EAGLE	OWNER	RECEIVABLE PLEDGES		X		337,816		No		No		No
(4) EAGLE	OWNER	RECEIVABLE		^		337,810		NO		NO		NO
(5) FLORIDA JUSTICE PAC	COMMON BOARD	TO FUND OPERATING EXPENSES		X	275,000	275,000		No	Yes			No
Total					\$	952,165						
		tance Benefiting organization answe				line 27						
	terested person	(b) Relationship be interested person a organization	tween	(c) Amount of		(d) Type of	f assist	ance	e ((e) Pur	pose of a	assistance
For Danerwork D	Reduction Act Notes	e. see the Instruction	ns for Fo	rm 990 or 990-57	Cat	No 50056A		C -1-	adula !	/Ee==:	000 0	90-F7\ 2016



efile GRAPH	IIC print	- DO NOT PROCESS As Filed Data -	DL	N: 93493320015697
SCHEDUL	FΩ	Supplemental Information to Form 9	990 or 990-F7	OMB No 1545-0047
(Form 990 or EZ) Department of the T	reasury	Complete to provide information for responses to spe Form 990 or 990-EZ or to provide any additional Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) ar www.irs.gov/form990.	ecific questions on I information.	2016 Open to Public Inspection
Internal Revenue Se Name of the org FLORIDA JUSTICE 990 Schedul	ASSOCIATIO	plemental Information	Employer ide 59-1291221	ntification number
Return Reference		Explanation		
FORM 990, PART VI, SECTION A, LINE 6	THE OR	GANIZATION HAS MEMBERS		

Return Explanation
Reference

LINE 7A

FORM 990, PART VI, SECTION A.

Return Explanation
Reference

FORM 990,	RECOMMENDATIONS BY THE GOVERNING BODY TO AMEND THE ARTICLES OF INCORPORATION OR THE BYLAWS
PART VI,	MUST BE APPROVED BY A TWO-THIRDS (2/3) VOTE OF THE MEMBERS PRESENT AT ANY MEETING OF THE
SECTION A,	MEMBERSHIP
LINE 7B	

Return Explanation

FORM 990, THE ORGANIZATION POSTS THE RETURNS ON A SECURE WEBSITE AND INFORM THE GOVERNING BODY THEY
PART VI, ARE READY TO REVIEW THEY HAVE A WEEK TO REVIEW THE RETURNS UNLESS THERE ARE QUESTIONS WHI
SECTION B, CH WILL EXTEND THE TIME THEY ARE ABLE TO REVIEW
LINE 11B

Return Explanation
Reference

FORM 990, BOARD OF DIRECTORS SIGN A STATEMENT THAT THEY WILL COMPLY WITH THE CONFLICT OF INTEREST PO LICY ANY POTENTIAL CONFLICT IS TO BE REVIEWED BY THE RELEVANT COMMITTEE AND BROUGHT BEFOR SECTION B, E THE BOARD OF DIRECTORS FOR REVIEW

Return Explanation
Reference

FORM 990, THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE BUDGET ADOPTED BY THE BOARD OF PART VI, DIRECTORS AND IS INCLUDED IN HER WRITTEN EMPLOYMENT AGREEMENT THE KEY EMPLOYEES' COMPENSA SECTION B, TION IS DETERMINED BY THE EXECUTIVE DIRECTOR USING COMPARABLES AND OTHER KEY FACTORS AFTER LINE 15A THE BOARD DETERMINES THE AMOUNT THAT IS AVAILABLE FOR SALARIES AND BONUSES

Return Explanation

FORM 990, PART VI, STATEMENTS AVAILABLE UPON REQUEST
SECTION C, LINE 19

Explanation Return Reference

FORM 990. THERE HAVE BEEN NO CHANGES FROM THE PRIOR YEAR PART XII,

LINE 2C

990 Schedule O, Supplemental Information

efile GRAPHIC print - DC	NOT PROCESS As Filed Data -										DLN: 93493	320015	697
SCHEDULE R (Form 990)	Related O	_					-				OMB No	1545-004	17
(1 01111 000)	► Complete if the organi	zation ar	swered "Yes	s" on Form	n 990, Parl	t IV, line 33	, 34, 35b,	36, or	37.				
Department of the Treasury Internal Revenue Service	► Attach to Form 990. ► Inform	mation al	out Schedul	e R (Form	990) and	its instruct	ions is at	www.ii	rs.gov/form9	<u>90</u> .	Open to	o Public ection	
Name of the organization FLORIDA JUSTICE ASSOCIATION								Emp	loyer identif	ication	number		
								59-1	291221				
Part I Identification	of Disregarded Entities Complete If t	he organ	ızatıon answ	ered "Yes	" on Form	990, Part	IV, line 3	3.					
Name, address, and	(a) EIN (if applicable) of disregarded entity		(b) Primary a		Legal dom	c) ncile (state n country)	(d) Total inco	ome	(e) End-of-year as	sets	(f Direct co ent		
	of Related Tax-Exempt Organization	s Comple	ete if the org	anızatıon	answered	"Yes" on F	orm 990,	Part I\	/, line 34 be	cause	ıt had one or	more	
related tax-exen See Additional Data Table	npt organizations during the tax year.												
	(a) d EIN of related organization	Prim	(b) ary activity	Legal dom	c) nicile (state n country)	(d) Exempt Cod			(e) harity status on 501(c)(3))	Dır	(f) rect controlling entity	Section (13) cor enti	512(b) strolled
						-						Yes	No
For Panerwork Peduction Ac	t Notice, see the Instructions for Form 9	20			t No 5013	<u> </u> 				Scho	edule R (Form	990) 20	16

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	income(related unrelated, excluded from		(g) Share of end-of-year assets	Disprop	h) ortionate itions?	amount in box 20 of Schedule K-1	mana	ral or aging ner?	(k Percer owner	ntage
			foreign country)		tax under sections 512- 514)				T	(Form 1065)				
(1) ENDOWMENT FOR ASSOCIATION GIVING TO LAW AND E 218 SOUTH MONROE STREET TALLAHASSEE, FL 32301 59-2678789	DUCATION	FUNDRAISING	FL	FLORIDA JUSTICE ASSOCIATION	RELATED	1,702,731	797,230	Yes Yes	No		Yes	No	80 0	000 %
19- 20/8/89														
Part IV Identification of Related Organi because it had one or more related							swered "Ye	s" on F	Form 9	990, Part I\	/, line	e 34		
(a) Name, address, and EIN of related organization	(b) Primary activ	´	(c) Legal domicile state or for country	e reign		(e) Type of entity C corp, S corp, or trust)	(f) Share of tota Income		(g) e of end year assets	I-of- Perc	(h) entage ership		(1) Section (13) cor entit	512(b ntrolled ty?
			country	,									Yes	No

(1)FLORIDA JUSTICE PAC

(4)FLORIDA JUSTICE PAC

(2)TRIAL LAWYER EMAIL LIST INC

Purchase of assets from related organization(s).

Exchange of assets with related organization(s) . . .

Lease of facilities, equipment, or other assets to related organization(s) . . .

Reimbursement paid to related organization(s) for expenses . . .

Reimbursement paid by related organization(s) for expenses . . .

r Other transfer of cash or property to related organization(s) . . .

(3)ENDOWMENT FOR ASSOCIATION GIVING TO LAW & EDUCATION

Performance of services or membership or fundraising solicitations for related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

Name of related organization

No No

No

No

No

No

No

No

No

1k

11 Yes

1m

1n 10 Yes

1q | Yes

1r

1s | Yes

Schedule R (Form 990) 2016

(d)

Method of determining amount involved

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 3	34, 35	b, or	36.				
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule						Yes	No
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?	7						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity					1a	Yes	
b Gift, grant, or capital contribution to related organization(s)				 	1 b		No
c Gift, grant, or capital contribution from related organization(s)					1c		No
d Loans or loan guarantees to or for related organization(s)				 	1d	Yes	
e Loans or loan guarantees by related organization(s)					1e		No
f Dividends from related organization(s)					1f	1	No

a	Loans or loan guarantees to or for related organization(s)	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	-4	
е	Loans or loan guarantees by related organization(s) $\ . \ .$																													1e	
f	Dividends from related organization(s)										-				. ,															1 f	
_	Sale of accets to related organization(s)																													10	

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

(b)

Transaction type (a-s)

S

(c)

Amount involved

785,000

93,987

1,690,041

1.266

FMV

FMV

FMV

FMV

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) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)		(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership
			514)	Yes	No	! ,		Yes	No		Yes	No	
										Schedul	e R (Form	1 990	0) 2016



FT LAUDERDALE, FL 33301

46-0550267

Software ID:

Software Version:

EIN: 59-1291221

Name: FLORIDA JUSTICE ASSOCIATION

	Name: FLORIDA JUSTICE	ASSOCIATION					
Form 990, Schedule R, Part II - Identification of Re (a) Name, address, and EIN of related organization	elated Tax-Exempt Organizat (b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Sectio (b)(contr	(g) on 512)(13) trolled tity?
						Yes	No
(1) 218 SOUTH MONROE STREET TALLAHASSEE, FL 32301 59-3144722	CHARITY AND RESEARCH	FL	501(C)(3)	170(B)(1) (A)(VI)	FLORIDA JUSTICE ASSOCIATION	Yes	
(1) 218 SOUTH MONROE STREET TALLAHASSEE, FL 32301 01-0640014	EDUCATE THE PUBLIC REGARDING PATIENT ADVOCACY & RIGHTS	FL	501(C)(4)				No
(2) 218 SOUTH MONROE STREET TALLAHASSEE, FL 32301 59-3424396	EDUCATE THE PUBLIC ABOUT FAMILY PROTECTION ISSUES	FL	501(C)(4)		FLORIDA JUSTICE ASSOCIATION	Yes	
(3) 218 SOUTH MONROE STREET TALLAHASSEE, FL 32301 59-1810894	POLITICAL ORGANIZATION	FL	527				No
(4) 218 SOUTH MONROE STREET TALLAHASSEE, FL 32301 59-2701463	NETWORKING OPPORTUNITY FOR LAWYERS TO SHARE BEST PRACTICES	FL	501(C)(6)		FLORIDA JUSTICE ASSOCIATION	Yes	
(5) 218 SOUTH MONROE STREET TALLAHASSEE, FL 32301 59-2689373	EDUCATE THE PUBLIC	FL	501(C)(6)				No
(6) 218 SOUTH MONROE STREET TALLAHASSEE, FL 32301 45-5343455	POLITICAL ORGANIZATION	FL	527				No
(7) 218 SOUTH MONROE STREET TALLAHASSEE, FL 32301 45-5343516	POLITICAL ORGANIZATION	FL	527				No
(8) 218 SOUTH MONROE STREET TALLAHASSEE, FL 32301 45-5343587	POLITICAL ORGANIZATION	FL	527				No
(9) 1150 SOUTHEAST 6TH ST STE 2150	POLITICAL ORGANIZATION	FL	527				No