



Florida Corporate Income/Franchise Tax Return

FEIN 59-1708182

F-1120, R. 01/16 1019

For calendar year 2015 or tax year beginning JUL 1, 2015 ending JUN 30, 2016

Rule 12C-1.051 Florida Administrative Code Effective 01/16

861502016063000020050375359170818200008

Name TRI-COUNTY HUMAN SERVICES, INC.
Address 1815 CRYSTAL LAKE DRIVE
City/State/ZIP LAKELAND, FL 33801-5979

Check here if any changes have been made to name or address

Computation of Florida Net Income Tax

Table with 3 columns: Description, Check here if negative, Amount. Rows include Federal taxable income, State income taxes, Additions, Total of Lines 1, 2 and 3, Subtractions, Adjusted federal income, Florida portion, Nonbusiness income, Florida exemption, Florida net income, Tax due, Credits, Total corporate income/franchise tax due, Payment credits, Total amount due, Credit, Refund.

Florida Corporate Income Tax Return

1019 F-1120 R. 01/16

Do Not Detach YEAR ENDING 06/30/16

To ensure proper credit to your account, enclose your check with tax return when mailing. Return is Due 1st Day of the 4th Month After Close of the Taxable Year

Check here if you transmitted funds electronically

Name TRI-COUNTY HUMAN SERVICES, INC.
Address 1815 CRYSTAL LAKE DRIVE
City/State/ZIP LAKELAND, FL 33801-5979

Table with 4 columns: Identification number, Amount 1, Amount 2, Amount 3. Rows include 591708182, 20150701, 20160630, 00000000, 012, 201, -8618900, 0.

TAXPAYER'S COPY

0 8615 0 20160630 0002005037 5 3591708182 0000 8



TRI-COUNTY HUMAN SERVICES, INC.

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Page 2
06/30/16

FEIN 59-1708182

06/30/16

This return is considered incomplete unless a copy of the federal return is attached.

If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign here	Signature of officer (must be an original signature) _____ Date _____	Title	DIRECTOR OF FINANCE
Paid preparers only	Preparer's signature <i>Tina Phillips</i> Date <u>1-19-17</u>	Preparer check if self-employed <input type="checkbox"/>	Preparer's PTIN <u>P00143042</u>
	Firm's name (or yours if self-employed) and address BAYLIS & COMPANY PA CPAS 53 LAKE MORTON DRIVE LAKELAND, FL	FEIN <u>59-2050983</u>	ZIP <u>33801-5344</u>

All Taxpayers Must Answer Questions A through M Below - See Instructions

- A. State of incorporation: FLORIDA
- B. Florida Secretary of State document number: 737117
- C. Florida consolidated return? YES NO
- D. Initial return Final return (final federal return filed)
- E. Taxpayer election section (s.) 220.03(5), Florida Statutes (F.S.) General Rule
 Election A Election B
- F. Principal Business Activity Code (as pertains to Florida)
722320
- G. A Florida extension of time was timely filed? YES NO
- H-1. Corporation is a member of a controlled group? YES NO If yes, attach list.
- H-2. Part of a federal consolidated return? YES NO If yes, provide:
FEIN from federal consolidated return: _____
Name of corporation: _____
- H-3. The federal common parent has sales, property, or payroll in Florida? YES NO
- I. Location of corporate books:
1815 CRYSTAL LAKE DRIVE
City, State, ZIP: LAKELAND, FL 33801-5979
- J. Taxpayer is a member of a Florida partnership or joint venture? YES NO
- K. Enter date of latest IRS audit: _____
a) List years examined: _____
- L. Contact person concerning this return: TINA PHILLIPS
a) Contact person telephone number: 863-709-9392
b) Contact person e-mail address: _____
- M. Type of federal return filed 1120 1120S or 990-T

Where to Send Payments and Returns

Make check payable to and mail with return to:

Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399-0135

If you are requesting a refund (Line 19), send your return to:

Florida Department of Revenue
PO Box 6440
Tallahassee FL 32314-6440

Remember:

- ✓ Make your check payable to the Florida Department of Revenue.
- ✓ Write your FEIN on your check.
- ✓ Sign your check and return.
- ✓ Attach a copy of your federal return.
- ✓ Attach a copy of your Florida Form F-7004 (extension of time) if applicable.



NAME TRI-COUNTY HUMAN SERVICES, INC. FEIN 59-1708182 TAXABLE YEAR ENDING 06/30/16

Schedule I - Additions and/or Adjustments to Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Interest excluded from federal taxable income (see instructions)	1.	1.
2. Undistributed net long-term capital gains (see instructions)	2.	2.
3. Net operating loss deduction (attach schedule)	3.	3.
4. Net capital loss carryover (attach schedule)	4.	4.
5. Excess charitable contribution carryover (attach schedule)	5.	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.	8.
9. Guaranty association assessment(s) credit	9.	9.
10. Rural and/or urban high crime area job tax credits	10.	10.
11. State housing tax credit	11.	11.
12. Credit for contributions to nonprofit scholarship funding organizations	12.	12.
13. Renewable energy tax credits	13.	13.
14. New markets tax credit	14.	14.
15. Entertainment industry tax credit	15.	15.
16. Credits for spaceflight projects	16.	16.
17. Research and Development tax credit	17.	17.
18. Energy Economic Zone tax credit	18.	18.
19. Other additions (attach statement)	19.	19.
20. Total Lines 1 through 19 in Columns (a) and (b). Enter totals for each column on Line 20. Column (a) total is also entered on Page 1, Line 3 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 3.	20.	20.

Schedule II - Subtractions from Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income \$ _____ (b) plus s. 862, IRC dividends \$ _____ (c) less direct and indirect expenses \$ _____ Total ▶	1.	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ _____ (b) less direct and indirect expenses \$ _____ Total ▶	2.	2.
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.		
3. Florida net operating loss carryover deduction (see instructions) STATEMENT 2	3. 764,599.00	3.
4. Florida net capital loss carryover deduction (see instructions)	4.	4.
5. Florida excess charitable contribution carryover (see instructions)	5.	5.
6. Florida employee benefit plan contribution carryover (see instructions)	6.	6.
7. Nonbusiness income (from Schedule R, Line 3)	7.	7.
8. Eligible net income of an international banking facility (see instructions)	8.	8.
9. s. 179, IRC expense (see instructions)	9.	9.
10. s. 168(k), IRC special bonus depreciation (see instructions)	10.	10.
11. Other subtractions (attach statement)	11.	11.
12. Total Lines 1 through 11 in Columns (a) and (b). Enter totals for each column on Line 12. Column (a) total is also entered on Page 1, Line 5 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 5.	12. 764,599.00	12.



NAME TRI-COUNTY HUMAN SERVICES, INC. FEIN 59-1708182 TAXABLE YEAR ENDING 06/30/16

Schedule III - Apportionment of Adjusted Federal Income					
III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.					
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Pg 9 of the instructions.	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)				X 25% or	
2. Payroll				X 25% or	
3. Sales (Schedule III-C below)				X 50% or	
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column [e]). Enter here and on Schedule IV, Line 2.					1.000000
III-B For use in computing average value of property (use original cost).		WITHIN FLORIDA		TOTAL EVERYWHERE	
		a. Beginning of year	b. End of year	c. Beginning of year	d. End of year
1. Inventories of raw material, work in process, finished goods					
2. Buildings and other depreciable assets					
3. Land owned					
4. Other tangible and intangible (financial org. only) assets (attach schedule)					
5. Total (Lines 1 through 4)					
6. Average value of property					
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida)		6a. _____		6b. _____	
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere)					
7. Rented property (8 times net annual rent)					
a. Rented property In Florida		7a. _____		7b. _____	
b. Rented property Everywhere					
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).					
a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida		8a. _____			
b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere				8b. _____	
III-C Sales Factor			(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	
1. Sales (gross receipts)			N/A		
2. Sales delivered or shipped to Florida purchasers				N/A	
3. Other gross receipts (rents, royalties, interest, etc. when applicable)					
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b])					
III-D Special Apportionment Fractions (see instructions)			(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction ([a] ÷ [b]) Rounded to Six Decimal Places
1. Insurance companies (attach copy of Schedule T - Annual Report)					
2. Transportation services					

Schedule IV - Computation of Florida Portion of Adjusted Federal Income		
	Column (a) Adjusted Federal Income	Column (b) Adjusted AMT Income
1. Apportionable adjusted federal income from Page 1, Line 6 (or Line 6, Schedule VI for AMT in Col. [b])	1.	1.
2. Florida apportionment fraction (Schedule III-A, Line 4 or Schedule III-D, Column [c])	2.	2.
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.	3.
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.	4.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.	5.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.	6.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.	7.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.	8.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.	9.



NAME TRI-COUNTY HUMAN SERVICES, INC. FEIN 59-1708182 TAXABLE YEAR ENDING 06/30/16

Schedule V - Credits Against the Corporate Income/Franchise Tax	
1. Florida health maintenance organization credit (attach assessment notice)	1.
2. Capital Investment tax credit (attach certification letter)	2.
3. Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.
6. Rural job tax credit (attach certification letter)	6.
7. Urban high crime area job tax credit (attach certification letter)	7.
8. Emergency excise tax (EET) credit (see instructions and attach schedule)	8.
9. Hazardous waste facility tax credit	9.
10. Florida alternative minimum tax (AMT) credit	10.
11. Contaminated site rehabilitation tax credit (attach tax credit certificate)	11.
12. State housing tax credit (attach certification letter)	12.
13. Credit for contributions to nonprofit scholarship funding organizations (attach certificate)	13.
14. Florida renewable energy technologies investment tax credit	14.
15. Florida renewable energy production tax credit	15.
16. New markets tax credit	16.
17. Entertainment industry tax credit	17.
18. Credits for spaceflight projects	18.
19. Research and Development tax credit	19.
20. Energy Economic Zone tax credit	20.
21. Other credits (attach schedule)	21.
22. Total credits against the tax (sum of Lines 1 through 21 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	22.

Schedule VI - Computation of Florida Alternative Minimum Tax (AMT)	
1. Federal alternative minimum taxable income after exemption (attach federal Form 4626)	1.
2. State income taxes deducted in computing federal taxable income (attach schedule)	2.
3. Additions to federal taxable income (from Schedule I, Column [b])	3.
4. Total of Lines 1 through 3	4.
5. Subtractions from federal taxable income (from Schedule II, Column [b])	5.
6. Adjusted federal alternative minimum taxable income (Line 4 minus Line 5)	6.
7. Florida portion of adjusted federal income (see instructions)	7.
8. Nonbusiness income allocated to Florida (see instructions)	8.
9. Florida exemption	9.
10. Florida net income (Line 7 plus Line 8 minus Line 9)	10.
11. Florida alternative minimum tax due (3.3% of Line 10). See instructions for Page 1, Line 11	11.



NAME TRI-COUNTY HUMAN SERVICES, INC. FEIN 59-1708182 TAXABLE YEAR ENDING 06/30/16

Schedule R - Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

<u>Type</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
Total allocated to Florida	1. _____
(Enter here and on Page 1, Line 8 or Schedule VI, Line 8 for AMT)	

Line 2. Nonbusiness income (loss) allocated elsewhere

<u>Type</u>	<u>State/country allocated to</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total allocated elsewhere		2. _____

Line 3. Total nonbusiness income

Grand total, Total of Lines 1 and 2

(Enter here and on Schedule H, Line 7) 3. _____

**Estimated Tax Worksheet
For Taxable Years Beginning On or After January 1, 2016**

1.	Florida income expected in taxable year	1.	\$	<u>-850,788.00</u>
2.	Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N)	2.	\$	_____
3.	Estimated Florida net income (Line 1 less Line 2)	3.	\$	_____
4.	Total Estimated Florida tax (5.5% of Line 3)*		\$	_____
	Less: Credits against the tax	4.	\$	_____
* Taxpayers subject to federal alternative minimum tax must compute Florida alternative minimum tax at 3.3% and enter the greater of these two computations.				
5.	Computation of installments:			
	Payment due dates and	Last day of 4th month - Enter 0.25 of Line 4	5a.	_____
	payment amounts:	Last day of 6th month - Enter 0.25 of Line 4	5b.	_____
		Last day of 9th month - Enter 0.25 of Line 4	5c.	_____
		Last day of fiscal year - Enter 0.25 of Line 4	5d.	_____

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

1.	Amended estimated tax	1.	\$	_____
2.	Less:			
	(a) Amount of overpayment from last year elected for credit to estimated tax and applied to date	2a. --	\$	_____
	(b) Payments made on estimated tax declaration (Florida Form F-1120ES)	2b. --	\$	_____
	(c) Total of Lines 2(a) and 2(b)	2c.	\$	_____
3.	Unpaid balance (Line 1 less Line 2(c))	3.	\$	_____
4.	Amount to be paid (Line 3 divided by number of remaining installments)	4.	\$	_____

FOOTNOTES

STATEMENT 1

SCHEDULE OF NET OPERATING LOSS CARRYFORWARDS:

6/30/07 - GENERATED	183,724.
6/30/08 - GENERATED	318,096.
6/30/09 - UTILITZED	-28,428.
6/30/10 - GENERATED	109,904.
6/30/11 - UTILIZED	-46,777.
6/30/12 - GENERATED	62,281.
6/30/13 - GENERATED	127,536.
6/30/14 - GENERATED	41,660.
6/30/15 - UTILIZED	-3,397.
6/30/16 - GENERATED	86,189.
NOL CARRYFORWARD AVAILABLE FOR 6/30/17	850,788.

FL F-1120

NET OPERATING LOSS CARRYOVERS

STATEMENT 2

YEAR	APPORTION FACTOR	CURRENT YR NOL/ SECTION 382 LIMIT	NET OPERATING LOSS CARRYOVER	LOSS PREVIOUSLY DEDUCTED	NET LOSS REMAINING
2012	0%	0.	726,336.	3,397.	722,939.00
2013	0%	0.	41,660.	0.	41,660.00
TOTAL NET OPERATING LOSS CARRYOVER AVAILABLE					764,599.00



TRI-COUNTY HUMAN SERVICES, INC.

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R. 01/16

FEIN 59-1708182

DATA Page 1

591708182	0	0	0
-8618900	0	0	0
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TRI-COUNTY HUMAN SERVICES, INC.

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R. 01/16

FEIN 59-1708182

DATA Page 2

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**Florida Tentative Income / Franchise Tax Return
and Application for Extension of Time to File Return**

1019
F-7004
R. 01/15
Rule 12C-1.051
Florida Administrative Code
Effective 01/15

Information for Filing Florida Form F-7004

F-7004
R. 01/15

When to file - File this application on or before the original due date of the taxpayer's corporate income tax or partnership return. Do not file before the end of the tax year.

To file online go to www.myflorida.com/dor

Penalties for failure to pay tax - If you are required to pay tax with this application, failure to pay will void any extension of time and subject the taxpayer to penalties and interest for failure to file a timely return(s) and pay all taxes due. There is also a penalty for a late-filed return when no tax is due.

Signature - A person authorized by the taxpayer must sign Florida Form F-7004. They must be (a) an officer or partner of the taxpayer, (b) a person currently enrolled to practice before the Internal Revenue Service (IRS), or (c) an attorney or Certified Public Accountant qualified to practice before the IRS under Public Law 89-332.

The Florida Form F-7004 must be filed - To receive an extension of time to file your Florida return, Florida Form F-7004 must be timely filed, even if you have already filed a federal extension request. A federal extension by itself does not extend the time to file a Florida return.

An extension for Florida tax purposes may be granted, even though no federal extension was granted. See Rule 12C-1.0222, F.A.C., for information on the requirements that must be met for your request for an extension of time to be valid.

Make checks payable and mail to:

FLORIDA DEPARTMENT OF REVENUE, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

A. If applicable, state the reason you need the extension:

B. Type of federal return filed: 990-T
 Contact person for questions: ARLENE VENEZIA
 Telephone number: 863-709-9392

Extension of Time Request	Florida Income/Franchise Tax Due
1. Tentative amount of Florida tax for the taxable year	1. 0.00
2. LESS: Estimated tax payments for the taxable year	2. 0.00
3. Balance due - You must pay 100% of the tax tentatively determined due with this extension request.	3. 0.00

Transfer the amount on Line 3 to **Tentative tax due**.

544961
10-06-15

**Florida Tentative Income / Franchise Tax Return
and Application for Extension of Time to File Return**

1019
F-7004
R. 01/15

Name **TRI-COUNTY HUMAN SERVICES, INC.**
 Address **1815 CRYSTAL LAKE DRIVE**
 City/State/ZIP **LAKELAND, FL 33801-5979**

FEIN **59-1708182**
 Taxable Year End **06/30/16**
 FILING STATUS Corporation Partnership _____
 Check here if you transmitted funds electronically _____
 Tentative Tax Due \$ **0.00**

Under penalties of perjury, I declare that I have been authorized by the above named taxpayer to make this application, that to the best of my knowledge and belief the statements herein are true and correct;

Sign Here: _____

Date: _____

591708182	0	0	0
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20160630	0	0	0
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012	0	0	0
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