## Forms 990 / 990-EZ Return Summary

For calendar year 2014, or tax year beginning

, and ending

52-2372998

## Florida's Children First, Inc.

Net Asset / Fund Balance at Begi	nning of Year			479,114
Revenue				
Contributions		962,553		
Program service revenue				
Investment income		14,278		
Capital gain / loss				
Fundraising / Gaming:				
Gross revenue				
Direct expenses				
Net income				
Other income		0		
Total revenue			<u>976,831</u>	
Expenses				
Program services		847,734		
Management and general		47,228		
Fundraising		73, <u>594</u>		
Total expenses			<u>968,556</u>	
Excess / (deficit)				8,275
Changes				
. Net Asset / Fund E	Balance at End of Year			<u>487,389</u>
Reconciliation of I	Pavanua		Reconciliation	of Expenses
Fotal revenue per financial statements	076 004	Total ex	penses per financial state	0.40 554
Less:		Less:	portoco por interiore caste	
Unrealized gains			ated services	
Donated services			r year adjustments	
Recoveries		Los	•	
Other		Oth		
Plus:		Plus:		
Investment expenses			stment expenses	
Other		Oth	•	
Total revenue per return	976,831		Total expenses per retu	968,556
		Balance Shee	et	
	Beginning	Ending	Differenc	ces
Assets	495,256	504,		
Liabilities	16,142	17,		
Net assets	479,114	487,	<del></del>	3,275
NG: 600Cl3				<del></del>
	Miscellaneous	Information		
	Amended return		_	
	Return / extended due dat	e <u>08/15</u>	<u>/15</u>	
	Failure to file penalty		<del></del> .	

Form

Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047 2014 Open to Public Inspection

Α	For t	he 2 <u>014 c</u>	calendar year, or tax year beginning, and ending				
В	Check if	applicable:	C Name of organization	D	Employe	r identification number	
$\Box$	Address	change	Florida's Children First, Inc.				
H		-	Doing business as		52-2	372998	
닏	Name ci	nange	Number and street (or P.O. box if mail is not delivered to street address)  Room/suit		Telephone		
Ш	Initial ref	tum	1801 University Drive		954-	<u>796-0860</u>	
П	Final ret terminate		City or town, state or province, country, and ZIP or foreign postal code				
Ħ			Coral Springs FL 33071-8920	G	Gross reo	eipts \$ 976,	831
닏	Amende	d retum	F Name and address of principal officer:			ubordinates? Yes	X No
Ш	Application	on pending	[ H(a) is	this a group	ieium ior s	SCOIGHAGES! 1966	╡
			H(b) A	re all subordi	nates inclu	ded? Yes L	No
				If "No," atta	ach a list.	(see instructions)	
$\overline{}$	Tayleye	empt status:	<b>X</b> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527				
÷	Website			Group exemption	on number	•	
_						M State of legal domicile:	FL
	art I	organization:	Immary	DUOII. CO		W Clate of logic deliations.	
						_	
	1		escribe the organization's mission or most significant activities:				
8		see	Schedule 0				
Jan							
Governance			······				
Ó	2	Check this	is box ▶ if the organization discontinued its operations or disposed of more than 25% of its ne	t assets.			
ಹ	3	Number o	of voting members of the governing body (Part VI, line 1a)		3	31	
	4	Number o	of independent voting members of the governing body (Part VI, line 1b)		4	30	
ŧ	5	Total num	nber of individuals employed in calendar year 2014 (Part V, line 2a)		5	_7	
Activities	1		nber of volunteers (estimate if necessary)		6	600	
⋖			elated business revenue from Part VIII, column (C), line 12		7a	•	0
			ated business taxable income from Form 990-T, line 34		7b		0
_		1461 dinon		Prior Year		Current Year	
	8	Contributio	ons and grants (Part VIII, line 1h)	915,	062	962,5	553
Ë			service revenue (Part VIII, line 2g)	41,	000		
Revenue					728	14,2	278
Re			enue (Part VIII, column (A), lines 3, 4, and 7d)  enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0
				967,	790	976,8	য়বর্
	-		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	J01,	<del>, , , ,  </del>	3,0,0	<del></del>
			nd similar amounts paid (Part IX, column (A), lines 1–3)				<del>_</del> 0
,			paid to or for members (Part IX, column (A), line 4)	420	110	427 4	
ģ			other compensation, employee benefits (Part IX, column (A), lines 5–10)	432,	TT0	437,4	
DS.			nal fundraising fees (Part IX, column (A), line 11e)				0
Expenses	b	Total fund	Iraising expenses (Part IX, column (D), line 25) ▶ 73,594				
ú	17	Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24e)	558,		531,0	
	18	Total expe	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	990,		968,5	
	19	Revenue I	less expenses. Subtract line 18 from line 12	-22,		8,2	<u>.75</u>
ъ <b>8</b>			Beginning	of Current		End of Year	
8	20	Total asse	ets (Part X, line 16)	495,		504,8	
88	21	Total liabili	lities (Part X, line 26)	<u> </u>		17,4	
Net Assets or Fund Balances	22	Net assets	s or fund balances. Subtract line 21 from line 20	479,	114	<u>487,3</u>	<u>89</u>
	art II		nature Block				
Un	der oer		erjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	best of my	knowledg	ge and belief, it is	
tru	e, corre	ect, and con	mplete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	dge.			
		I	<u> </u>				
Sig	n	Sid	gnature of officer		Date		_
			•				
Her	e	D =	pe or print name and title				
		<del>  '                                   </del>		ate	Obsti	X if PTIN	
n		Print/Type	property frame		Check	EEE	
Paid -		Maureen		06/10/15		oyed P01270054	—
	arer	Firm's nam		Firm's	EIN 🕨		
Use	Only	1	3031 NE 22nd Street				
		Firm's addr	ress Fort Lauderdale, FL 33305-1825	Phone	no.	<u>954-561-28</u>	26
May	the IR	S discuss	this return with the preparer shown above? (see instructions)			Yes	No

Form 990 (2014) Florida's Chi	ldren First, Inc.	52-2372998	Page 2
Part III Statement of Program	n Service Accomplishments	or Programme Book III	<b>X</b>
Check if Schedule O co     Briefly describe the organization's miss	ontains a response or note to an	y line in this Part III	<u></u>
See Schedule O	ion.		
***************************************			
		<del></del>	
	nificant program services during the year v		Yes X No
If "Yes," describe these new services or	n Schedule O.		
•	or make significant changes in how it cor	nducts, any program	
services?			Yes X No
If "Yes," describe these changes on Sch			
	rvice accomplishments for each of its three		
expenses. Section 501(c)(3) and 501(c) the total expenses, and revenue, if any,	(4) organizations are required to report the for each program service reported.	le amount of grants and allocations to o	uners,
the total expenses, and revenue, if any,	ior each program service reported.		
4a (Code: ) (Expenses \$	500,670 including grants of	f \$ ) (Rev	enue \$ )
Improving General Ch:	ild Welfare		
Florida's Children F			
to problems in child	welfare. FCF is ac	tively involved in	helbind
professionals across and to draft comments	riorida join togeth	er to review propos	anneal if the
rule doesn't comport	with the law. FCF	takes the lead in a	oresenting
training materials du	ring each step of t	he process of chance	e, making sure
that the children and	d youth, public and	professionals are a	ware of the
issues and progress.	This results in a	wealth of published	i materials, most
of which can be easil	ly and freely access	ed on our website f	or use by all.
Florida's Children Fi	rst also makes the	legal representation	n of children a
4b (Code: ) (Expenses \$	347,064 including grants of	f \$ ) (Revi	onue \$
Improving Outcomes for	or Older Youth:	, (10)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
FCF gives a voice to	the youth, teaching	children in care a	nd those who
have left care to be	come the face for al	l issues, this is t	he most
effective tool in imp	proving outcomes for	older youth. Yout	h teach us the
way to make the syste			
support, structure, g become effective advo	uldance and education	on to embower curre	ren and youth to
Youth SHINE (FYS). I	TVS with 12 Chapter	s across the state.	have become a
strong, credible and	effective voice to	represent the diffi	culties facing
the older youth in the	ne foster care system	m.	
Florida Youth SHINE h	nas succeeded in inf	luencing positive c	hange on a
c (Code: ) (Expenses \$	including grants of	\$ (Reve	enue \$)
*	, <b></b>		
*			
		,	,
-,,			
*			
d Other program services (Describe in Sch	nedule O.)		
(Expenses \$	including grants of \$	) (Revenue \$	
4e Total program service expenses ▶	847,734		

	art IV Checklist of Required Schedules		Yes	I
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		,,,,,	T.
'	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	I .	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			Т
	candidates for public office? If "Yes," complete Schedule C, Part I	3		:
Ļ	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			Ī
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			Γ
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			l
	Part III	5		
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			Ī
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	W. B Late Calcula D. Dont I	6		
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			Ţ
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		ľ
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			Ī
		8		
	complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	·····		ŀ
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
		9		l
	debt negotiation services? If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted			T
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			T
	VII, VIII, IX, or X as applicable.			l
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			l
	Constitute Control de D. Dort VIII	11a	X	l
	complete Schedule D, Part VI  Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			t
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
			•	r
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11c		١
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	·····	_	H
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11d		l
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	440		H
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	·····		H
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	······   <del>'''  </del>		L
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	x	
	Schedule D. Parts XI and XII	12a	Λ	┝
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	406		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	1 1		H
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			┝
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		L
	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	14b		L
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		L
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		L
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		_
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

•	art IV Checklist of Required Schedules (continued)		Yes	N
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		1.00	<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		2
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		i	
_	Part IV celum (A) line 22 ft "Vee" complete Schedule I Parts I and III	22		2
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	·······   <del></del>		Ħ
J	organization's current and former officers, directors, trustees, key employees, and highest compensated	ĺ	İ	ļ
	employees? If "Yes," complete Schedule J	23		2
4a		······   <del>-v</del>		f
40	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			i
	through 24d and complete Schedule K. If "No," go to line 25a	24a		2
_	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			Η-
b			<del>                                     </del>	-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
	to defease any tax-exempt bonds?	24d	<u> </u>	-
d -	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
5a	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		<del>                                     </del>	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ł		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			,
	If "Yes," complete Schedule L, Part I	25b		2
3	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? If "Yes," complete Schedule L, Part II	26		2
•	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	İ		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	-		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_
	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	i		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	l i	ļ	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		2
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		3
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		3
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		2
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	-	2
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	·····	$\neg \neg$	_
	colors Orbert to N. Dont II	32		2
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	·····		_
,		33	- 1	X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	[	ľ	v
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
)	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		-	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	ļ <b> </b>	ļ	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		X

Pa	art 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		<u></u>	Щ.
		_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	4		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			ł
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7	┦ │		ł
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	,		v
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		<del></del>
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			х
	account)?	4a		<u> </u>
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			ĺ
	(FBAR).	5a		х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		$\neg$	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
_	organization solicit any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>		
b		6b		
7	gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).			
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		
h	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	]	ſ	
e	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?	7g		
h	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	_	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-+	
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	1 1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1 1		
11	Section 501(c)(12) organizations. Enter:		ĺ	
а	Gross income from members or shareholders 11a	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources  against amounts due or received from them.)			
	against amounto ado or received morn premy	12a	1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes" enter the amount of tax-exempt interest received or accrued during the year		$\dashv$	—
b 42	The following the amount of the entire that the entire that the entire the entire that the ent	1	- 1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	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.	"		
L	Enter the amount of reserves the organization is required to maintain by the states in which		l	
þ	the organization is licensed to issue qualified health plans		l	
^	Enter the amount of reserves on hand		]	
C 14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes" has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

52-2372998 Form 990 (2014) Florida's Children First, Inc. Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management Yes No 31 Enter the number of voting members of the governing body at the end of the tax year 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. 30 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 14 X Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization 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 X 16a with a taxable entity during the year? 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 exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶  ${f FL}$ 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ Christina L. Spudeas 1801 University Drive

Form 990 (2014)

954-796-0860

FL 33071

Coral Springs

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII Independent Contractors

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for	bo	(C) Position (do not check more box, unless person officer and a direct		nore more	is both an or/trustee)	(D) Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	(W-2/1099-MISC)	<b>,</b>	organization and related organizations
(1) David Bazerman		T							
Director	4.00	x					0	0	0
(2) Rosemary Armstro									
(2) 210 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	4.00								
Director	0.00	X					0	0	0
(3) Theodore Babbitt									
	4.00								
Director	0.00	X					0	0	0
(4) Dick Batchelor	4.00								
	0.00	$ \mathbf{x} $					o	o	0
Director (5) Walter Campbell	Jr	A				$\vdash$			
(s) Harter Campberr	4.00	i							
Director	0.00	x					0	0	0
(6) Justin Taylor	_								
_	4.00							· _	
Director	0.00	X		<u>L</u> .		igspace	0	0	0
(7) Richard Filson									
,	4.00							o	0
Director	0.00	Х		<u> </u>		$\vdash$	0		
(8) Nathan Cook	4.00								
Di matan	0.00	x					o	o	0
Director (9) Melissa Lader Ba		-		┢		$\vdash$			
(a) Melissa Hadei De	4.00								
Director	0.00	x					0	0	0
(10) Denise Manning									
(,===================================	4.00								
Director	0.00	X					0	0	0
(11) Carlos Martinez									
	4.00	<u> </u>						_	^
Director	0.00	Х				Щ.	0	0	O Form <b>990</b> (2014)

Part VII Section A. Officers	s, Directors, Tru	istee	s, K	ey E	mple	yee	s, ar	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any	b	ox, uni	Po: check less po	erson i	than o	an	(D) Reportable compensation from the	(E)  Reportable  compensation from  related  organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12) Bernard Perlmutt	er	-	8			藍				<u> </u>
	4.00	.							o	0
Director (13) Julie Talenfeld	0.00	X						0		
	4.00	x						0	o	0
Director (14) Jesse Diner	0.00	1								
	4.00								0	o
Director (15) Christina Zawisz	0.00	X						0		
(15) CHITSCING 24#151	4.00									_
Director Emeritus	0.00	X	_		_			. 0	0	0
(16) Janice LeClainch	4.00									
Director	0.00	x						0	0	0
(17) Jodi Seitlin										
Director	4.00 0.00	x						o	o	0
(18) Richard Slawson	0.00									
Director	4.00 0.00	x						o	0	o
(19) Wendy Cox									- · · · · · · · · · · · · · · · · · · ·	
Director	4.00 0.00	x						o	0	0
1b Sub-total							•	105.050		2 140
c Total from continuation shee							•	107,973 107,973		3,142 3,142
d Total (add lines 1b and 1c)  Total number of individuals (inc	luding but not lin	nited	to th	ose	isted	abo	ve) v		00,000 of	
reportable compensation from the	the organization	<u> </u>	1_					<u></u>		Yes No
3 Did the organization list any for employee on line 1a? If "Yes,"	mer officer, direc	ctor, de l	or tru for s	ustee uch i	, key	emp	oloye	ee, or highest compensated		3 X
4 For any individual listed on line organization and related organization	1a, is the sum of	f rep	ortab	ole co	ompe	nsati	on a	ind other compensation fron	n the	
individual									lividual	4 X
5 Did any person listed on line 1a for services rendered to the org	a receive of acci- panization? If "Ye	s," co	omple	ete S	chec	lule .	J for	such person		5 X
Section B. Independent Contractor							<del></del>			
Complete this table for your five compensation from the organization.	e highest comper ation. Report con	nsate npens	d ind sation	depei n fo <u>r</u>	the	t con calen	tract dar	year ending with or within the	ne organization's tax year.	
	(A) business address							Descripti	(B) on of services	(C) Compensation
	<u> </u>			_						
						ļ				
						_			<u> </u>	
						_				
2 Total number of independent co	ontractors (includi	ing b	ut no	t lim	ited 1	to the	se I	isted above) who		
received more than \$100,000 o	f compensation t	from	the c	orgar	izatio	on 🟲			0	

Pac	10	8

Part VII Section A. Officers	s, Directors, Tru	stee	s, K	өу Е	mpl	oyee:	s, aı	nd Highest Compensated	Employees (continued)				
(A)	(B)			-	(C)			(D)	(E)		( <b>F</b> ) Estima		
Name and title	Average hours per	1 "	to not		sition more	than c	ne	Reportable compensation	Reportable compensation from		amour		
	week					is both		from	related	1	othe		
	(list any	Of	fficer a	and a	direct	or/truste	ee)	the organization	organizations (W-2/1099-MISC)		compen		
	hours for related	9 5	Tg.	Officer	₹ e	흫	Former	(W-2/1099-MISC)	(11 2 1002 1110 0)		organiz	ation	
	organizations	Individual to or director	nstitutional	¥		İğğ	ner				and rel organiza		
	below dotted line)				employee	"ൠ					Orgoniza		
		frustee	trustee		ď	Highest compensated employee		i					
(12) Joel Fass			<del> </del>	_	<del>      </del>	8							
Director	4.00	x						o	o				0
(13) Alan S. Levine	0.00			-									
Director	4.00 0.00	x						0	0				0
(14) Todd McPharlin													
Director	4.00	x			İ			o	o				0
(15) Edith Osman	0.00	1											
	4.00	ų.						o	o				0
Director (16) Angelica Palank	0.00	X						0					
	4.00												^
Director (17) Teresita Chavez	0.00 Pedrosa	X		_		-		0	0				0
(17) 10100100 0110100	4.00												_
Director Cabialasi	0.00	X						0	0	_			0
(18) John Schickel	4.00												
Director	0.00	х						0	0				0
(19) Joseph Stanton	4.00												
Director	0.00	x						О	0				0
1b Sub-total							<b>•</b>						
c Total from continuation shee							<b>•</b>						
d Total (add lines 1b and 1c)  2 Total number of individuals (inc					isted	abo	ve) v	who received more than \$10					
reportable compensation from t									<del></del>		·-· I	Yes	No
3 Did the organization list any for	mer officer, direc	tor, c	or tru	stee	, key	emp	oloye	e, or highest compensated					
employee on line 1a? If "Yes," of any individual listed on line	1a, is the sum o	f rep	ortab	le co	mpe	nsati	on a	and other compensation from	n the		3		
organization and related organization	zations greater th	an \$	150,	000?	If "Y	es,"	com	plete Schedule J for such			4		
5 Did any person listed on line 1a	a receive or accru	ue co	mpe	nsati	on fr	om a	iny i	inrelated organization or ind	ividual	· · · · · ·	5	-	
for services rendered to the org Section B. Independent Contractor		s, cc	ompie	ete S	cnec	uie .	<u>tor</u>	such person			_ <u> </u>		
Complete this table for your five compensation from the organization.	e highest comper	sate	d inc	eper	nden	t con	tract	ors that received more than	\$100,000 of				
	(A) business address	ipens	aliui	IUI	trie (	Cale	uai	Description	(B) on of services		Con	(C) npensa	tion
Traile Gil	bosilious dadicas											•	
						.							
<u> </u>			_	_			_		-				
-													
		_											
<u> </u>						_				_			
2 Total number of independent co	ontractors (includi	ng bu	ut no	t limi	ited i	to the	se I	isted above) who					
received more than \$100,000 or	compensation t	I TII I	ne C	ıyarı	ızdil	<i>/</i> 11 <u> </u> 2	_				Form	990	(2014)

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	yee:	s, ar	nd Highest Compensated	Employees (continued)	,			
(A) Name and title	(B) Average hours per week (list any hours for related organizations	bo	ox, uni	Pos check ess pe	erson i directi	than of s both or/fruste employeest	an 88)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimate amount other compensa from th organizati and relati	of tion e ion ted	
	below dotted line)	al trustee tor	nal trustee		employee	Highest compensated employee					V, gamzau	uns	
(12) Howard Talenfeld				<u> </u>									
President	4.00 0.00			X				l o	o				0
(13) Jay Kassack	0.00	<del>                                     </del>		<del></del>									
Secretary	4.00 0.00			x				0	0				0
(14) Gloria Fletcher	4.00												
Vice President	0.00			X				_0	0				0
(15) Gerald Reiss	4.00												
Treasurer	0.00			x				o	o				0
(16) Christina Spudea	s	1											
	0.00							107 072	0			2 1	L <b>4</b> 2
Executive Director	0.00	-				Х		107,973				د, د	-72
(17)													
				_									
(18)										ı			
(19)										ı			
1b Sub-total							<b>•</b>	107,973				3,1	<u> 42</u>
c Total from continuation sheet					<i>.</i>		•					<del></del>	
d Total (add lines 1b and 1c)  Total number of individuals (incl	uding but not lim				isted	abo	ve) v	who received more than \$10	00,000 of				
reportable compensation from t	he orga <u>nization</u> l	<u> </u>						<del></del> -	<u></u>		<del></del> ,	Yes	No
3 Did the organization list any for	mer officer, direc	tor, (	or tru	ıst <del>ee</del>	, ke	em	oloye	ee, or highest compensated					100
employee on line 1a? If "Yes," of	complete Schedu	le J	for s	uch i	ndivi	dual					3		
4 For any individual listed on line organization and related organiz	ra, is the sum of ations greater th	an \$	150,	000?	lf "Y	es,"	com	plete Schedule J for such	11 010			- 1	
individual  5 Did any person listed on line 1a	raceive or acco	 Ie co	mne	nesti	on fi	nm s		unrelated organization or inc	lividual		4	$\dashv$	
5 Did any person listed on line 1a for services rendered to the organic	anization? If "Ye	s," co	ompl	ete S	che	iule .	J for	such person	· · · · · · · · · · · · · · · · · · ·		5		
Section B. Independent Contractor	<u>s</u>			•		4	41	that received more than	. \$400,000 of				
Complete this table for your five compensation from the organiza	highest comperation. Report com	nsate npens	a ind sation	ieper 1 for	naen the	t con calen	tract dar	<u>year ending with or within t</u>	he organization's tax year.				
	(A) business address				_			Descripti	(B) on of services		Comp	(C) ensatio	n
						İ							
<u> </u>	<u> </u>												_
	. <u></u>					$\dashv$		·					
											_		
2 Total number of independent co	ntractors (includi	na h	ut no	at lim	ited	to the	ose I	isted above) who					—
2 Total number of independent co received more than \$100,000 of	f compensation	rom	the c	organ	izati	on 🕨						000	

P	art \	VIII Statement of Reve Check if Schedule (	nue Diconi	tains a	response of	r note to any line in	n this Part VIII		
					· · · · · · · · · · · · · · · · · · ·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants	1a	Federated campaigns  Membership dues	1a 1b				Teveline		312-314
Ę, Į	C	Fundraising events  Related organizations	1c 1d						
<u>.</u> E	l e	Government grants (contributions)	1e					ļ	
Program Service Revenue Contributions, Giffs, Grants	1	f All other contributions, gifts, grants, and similar amounts not included above	1f		962,553	:			
ontri od C	g	Noncash contributions included in lines 1a-	lf: \$	·	320,715				
<u>ŏ≅</u>	h	Total. Add lines 1a-1f	<u></u>		Busn. Code	962,553	···· <u>·</u>		
948	2a	*			-				
æ	b				<b>-</b>		<del></del>		
퐃	C				<del>   -</del>	-			
ß	a	• • • • • • • • • • • • • • • • • • • •			<u> </u>				
<u> </u>	f	All other program service reven							
Æ	a	Total. Add lines 2a-2f							,
	3	Investment income (including di							
		and other similar amounts)				14,278	14,278		
	4	Income from investment of tax-e	exempt	bond pr	oceeds 🕨 📘				
	5	Royalties							
		(i) Real		(ii)	Personal				
	6a	Gross rents							
	b	Less: rental exps.				i			
	C	Rental inc. or (loss)							
	d 7a	Net rental income or (loss)  Gross amount from (in Securities)	·····						
	, a	sales of assets (i) Securities		(ii)	) Other				
	_	other than inventory			_				
	b								
		basis & sales exps.							
	C	Gain or (loss)			<b>—</b>				
	0.	Net gain or (loss)							
nge	oa	(not including \$	<b>"</b>						
Ϋ́		of contributions reported on line 1c).			ĺ				
&		See Part IV, line 18	a		ľ				
Other Reve	b	Less: direct expenses	b			Ì		,	
δ		Net income or (loss) from fundra	ising e	vents				_	
		Gross income from gaming activities.							
		See Part IV, line 19	a _						
	b	Less: direct expenses					ļ	,	
	C	Net income or (loss) from gamin	g act <u>ivi</u>	ties	<b>&gt;</b>				
	10a	Gross sales of inventory, less						`	
ļ		returns and allowances							
ĺ		Less: cost of goods sold							
ļ	<u> </u>	Net income or (loss) from sales	of inver	itory		<del></del>			<del></del>
-		Miscellaneous Revenue			Busn. Code				
- [	11a				<del>                                     </del>				
- [	b	***************************************			<del>                                     </del>	_			
- [	C C	All other revenue			<del></del>				
- [		Total. Add lines 11a-11d			<u> </u>	1			
		Total revenue See instructions				976,831	14,278	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 41,484 15,975 344,283 286,824 Other salaries and wages Pension plan accruals and contributions (include 1,108 316 7,763 6,339 section 401(k) and 403(b) employer contributions) 6,<mark>921</mark> 2,933 50,190 60,044 Other employee benefits 1,270 3,047 21,074 25,391 10 Payroll taxes Fees for services (non-employees): Management 233,235 690 233,925 Legal 3,917 15,669 7,834 3,918 Accounting 60,000 60,000 Lobbying Professional fundraising services. See Part IV, line 17 4,108 4,108 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column 5,354 5,354 (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 12 1,815 21,013 8,464 31,292 Office expenses 415 415 8,265 7,435 Information technology Royalties 15 969 969 17,447 19,385 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 2,519 2,518 27,545 22,508 19 Conferences, conventions, and meetings 20 Payments to affiliates 21 807 45 45 897 Depreciation, depletion, and amortization .... 22 23 Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 90,393 90,393 Public awareness/educat 11,103 31,723 20,620 Special events 2,015 252 252 2,519 Dues/fees/licenses e All other expenses 73,594 968,556 847,734 47,228 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 200 200 1 Cash-non-interest bearing 56,346 58,986 2 Savings and temporary cash investments 5,000 10,000 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 7 Notes and loans receivable, net 8 Inventories for sale or use 6,859 1,126 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or 30,684 other basis. Complete Part VI of Schedule D 10a 2,353 566 10c 28,331 10b b Less: accumulated depreciation 424,378 11 11 Investments—publicly traded securities 12 12 Investments—other securities. See Part IV, line 11 13 13 Investments—program-related. See Part IV, line 11 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 504,871 495,256 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17,482 16,142 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 16,14217,482 26 Total liabilities. Add lines 17 through 25 ..... X and Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Balances 273,441 327,442 27 Unrestricted net assets 151,672 213,948 28 28 Temporarily restricted net assets 29 Fund Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and ö complete lines 30 through 34. Net Assets 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 487,389 479,114 33 Total net assets or fund balances 504,871 495,256 Total liabilities and net assets/fund balances .....

Form	990 (2014) Florida's Children First, Inc. 52-2372998			P <u>a</u>	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>		
1	Total revenue (must equal Fait Viii, Column (A), line 12)	1			831
2	Total expenses (must equal rait in, column (n), line 23)	2	9		<u>556</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> 275</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	<u>79,</u>	114
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior pendu adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		_		
	33, Column (b))	0	4	87 <u>,</u>	<u> 389</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>	<b></b>	ᆛ
				Yes	No
1	Accounting method used to prepare the Form 990:		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				•
	Schedule O.		ŀ		l <b></b> .
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		İ		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
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?		2c	<u>x</u> _	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		<u> </u>
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.	<u> </u>	3b		
			For	m 99(	(2014)

SCHEDULE A (Form 990 or 990-EZ) **Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

OM8 No. 1545-0047

Open to Public Inspection

Department of the Treasury internal Revenue Service

Name of the organization

Florida's Children First, Inc.

Employer Identification number 52-2372998

Pá	art I	Reas	on for Public Charity	Status (All organizations	must co	mplete 1	this part.) See instruction	1S		
he	orgar			it is: (For lines 1 through 11, che						
1	The state of the s									
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3	Н			e organization described in sect	ion 170(t	okt)(Akiii)				
	Н			in conjunction with a hospital de				oital's name.		
4	ш			III conjunction with a nospital de	JOINSON III	000000	•(0)(-)(-)(-)(-)			
		city, and state					mmontal unit described in			
5		An organization	on operated for the benefit of	a college or university owned or	operated	by a gove	immental unit described in			
	_		(b)(1)(A)(iv). (Complete Part							
6				vernmental unit described in sec						
7	X	An organization	on that normally receives a s	ubstantial part of its support from	a govern	mental un	it or from the general public			
	—	described in	section 170(b)(1)(A)(vi). (Co	omplete Part II.)						
8	$\Box$	A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part II	l.)					
9	П	An organization	on that normally receives: (1)	more than 33 1/3% of its suppo	ort from co	ntributions	, membership fees, and gross			
•	ш			t functions-subject to certain ex						
				I unrelated business taxable inco						
				, 1975. See section 509(a)(2). (			•			
4.0				clusively to test for public safety			a)(4).			
10	-			clusively for the benefit of, to pe				of		
11	Ш	An organization	on organizeu anu operateu e	ins described in section 509(a)(	1) or each	ion 509/a	1(2) See section 509(a)(3). C	heck		
		one or more	publicly supported organization	the the tree of experting argu-	njor seci	ajeve non	to lines 11e 11f and 11g			
				ribes the type of supporting organ						
а	Ш	Type I. A sup	porting organization operated	I, supervised, or controlled by its	supporte	o organiza	mon(s), typically by giving			
				regularly appoint or elect a major	ority of the	directors	or trustees of the supporting			
			You must complete Part IV				_			
b				sed or controlled in connection w						
		control or mai	nagement of the supporting o	rganization vested in the same p	persons th	at control	or manage the supported			
		organization(s	). You must complete Part	IV, Sections A and C.						
С	$\Box$	Type III fund	tionally integrated. A suppo	orting organization operated in co	nnection	with, and f	unctionally integrated with,			
_	ш			ons). You must complete Part I						
d		Type III non-	-functionally integrated. A s	supporting organization operated	in connec	ction with it	ts supported organization(s)			
u	ш			nization generally must satisfy a						
				complete Part IV, Sections A a						
	$\Box$	Obselvable he	see instructions). For must	a written determination from the	IRS that i	tis a Tvne	I Type II. Type III			
0	Ш						11, 13po 11, 13po			
		-		ctionally integrated supporting or	yanızalıvı	,		Г		
f			of supported organizations	and a recoization(o)						
g	Pro	vide the follow	ring information about the sup		T 6-3 1. 15-			full Amount o		
(1	-	e of supported	(II) EIN	(III) Type of organization (described on lines 1–9		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (s		
	org	anization		above or IRC section	1	ment?	instructions)	instructions)		
				(see instructions))						
					Yes	No				
A)										
•						<u> </u>		<u> </u>		
B)										
C)							·			
٠,										
<u></u>										
D)										
					†		<del></del>			
E)										
					<del>                                     </del>	$\vdash$		<del>                                     </del>		
					I	ı I		İ		

52-2372998

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndaryear(orfiscalyearbeginningin)▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	871,737	970,671	760,095	915,062	962,553	3 4,480,118
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge		_	_			
4	Total. Add lines 1 through 3	871,737	970,671	760,095	915,062	962,553	4,480,118
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						4,480,118
Sec	tion B. Total Support						
Caler	dar year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	871,737	970,671	760,095	915,062	96 <u>2,553</u>	4,480,118
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						_
11	Total support. Add lines 7 through 10						4,480,118
12	Gross receipts from related activities, etc. (s	see instructions)	,			12_	14,278
13	First five years. If the Form 990 is for the o	organization's first, s	econd, third, fourth,	or fifth tax year as	a section 501(c)(3)		. 🗖
	organization, check this box and stop here			<u></u>	<u> </u>		<u>.,</u>
Sec	tion C. Computation of Public Su	pport Percenta	ge				<del>,</del>
14	Public support percentage for 2014 (line 6, c	column (f) divided by	line 11, column (f)	)			100.00 %
15	Public support percentage from 2013 Schedi	ule A, Part II, line 14	4 <sub></sub>				100.00 %
16a	33 1/3% support test-2014. If the organiz	ation did not check	the box on line 13,	and line 14 is 33 1/	3% or more, check	this	. ==
	box and stop here. The organization qualified						<b>▶</b> 🗓
b	33 1/3% support test-2013. If the organiz				33 1/3% or more,		, _
	check this box and stop here. The organiza	ation qualifies as a p	ublicly supported o	rganization			▶ ⊔
17a	10%-facts-and-circumstances test-2014	4. If the organization	did not check a bo	x on line 13, 16a, o	r 16b, and line 14 i	S	
	10% or more, and if the organization meets	the "facts-and-circuit	mstances" test, che	ck this box and sto	pp here. Explain in		
	Part VI how the organization meets the "factorganization						., <b>&gt;</b> 🗀
b	10%-facts-and-circumstances test-2013	3. If the organization	did not check a bo	x on line 13, 16a, 1	6b, or 17a, and line	<b>;</b>	
	15 is 10% or more, and if the organization n	neets the "facts-and	-circumstances" tes	t, check this box an	nd stop here.		
	Explain in Part VI how the organization mee	ets the "facts-and-cire	cumstances" test. T	he organization qua	alifies as a publicly		. —
	supported organization						▶ ∐
18	Private foundation. If the organization did r	not check a box on I	ine 13, 16a, 16b, 1	7a, or 17b, check th	nis box and see		. 🗖
	instructions						<u></u>

Section A. Public Support

Page 3

### Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. I abite capport			1 2 2040	(4) 2012	(e) 201	<u> </u>	(f) Total
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(0) 201	<del>"</del>	(i) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					-		
3	Gross receipts from activities that are not an unrelated trade or business under section 513				· · · · · · · · · · · · · · · · · · ·	ļ		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5					<u> </u>		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
C	Add lines 7a and 7b			<del>                                     </del>		<del>                                     </del>		
8	Public support (Subtract line 7c from line 6.)							
	tion B. Total Support			1				(0. T-+-I
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 20 <u>1</u> 3	(e) 201	4	(f) Total
9	Amounts from line 6					<u> </u>	-	-
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
C	Add lines 10a and 10b				· · · · · · · · · · · · · · · · · · ·			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)				as a section E01(a)	(3)		
14	First five years. If the Form 990 is for the							<b>▶</b> □
<u> </u>	organization, check this box and stop here			<u></u> <u></u>	<u> </u>			
	tion C. Computation of Public Si	apport i ercent	u line 13 column	(f))			15	%
15	Public support percentage for 2014 (line 8, Public support percentage from 2013 Sche	column (1) divided t	y ⊪ie io, comuniii 45	v <i>n</i>			16	%
<u>16</u>	Public support percentage from 2013 Sche tion D. Computation of Investme	nt Income Par	centage	***** <u>************</u>	<u></u>	· · · · · · · · · · · · · · · · · · ·		
	Investment income percentage for 2014 (li	no 10e polima (f) d	ivided by line 13	column (fl)			17	%
17							18	%
18	Investment income percentage from 2013 33 1/3% support tests—2014. If the orga	nization did not chec	k the hox on line	14. and line 15 is m	ore than 33 1/3%	and line		
19a	33 1/3% support tests—2014. If the orga 17 is not more than 33 1/3%, check this bo	v and stop here. T	he omanization di	alifies as a publicly	supported organiz	ation		►□
	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2013. If the orga	nization did not chec	nk a hox on line 14	or line 19a, and lin	e 16 is more than	33 1/3%. and		
b	line 18 is not more than 33 1/3%, check thi	s hox and <b>stop her</b>	e. The organization	n qualifies as a pub	licly supported org	anization		▶□
~~	Private foundation. If the organization did	not check a hov on	line 14, 19a, or 1	9b. check this box a	and see instruction	3		
20	Private Toundation. If the organization did	HOL GIEGE & DOX OIL	<u></u>				rm 990	or 990-EZ) 2014

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#### Supporting Organizations Part IV

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and F. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and comp	olete Fart V.)		
Sect	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	<u> </u>	165	100
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	1		
	class or purpose, describe the designation. If historic and continuing relationship, explain.	<del></del>	<del>                                     </del>	
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	ا م ا	Ī	
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	اما		
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	_		
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If		•	-
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations; or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
•	If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
••	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
_	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	]		
•	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
-	the distribution the empiration had excess histories holdings )	10b		

determine whether the organization had excess business holdings.)

eme	rge	ency temporary reduction (see instructions)		6		
		Check here if the current year is the organization's first as a non-functionally-integrated 1	Гуре	III supporting	organization	(see
		instructions)				

4

5

Schedule A (Form 990 or 990-EZ) 2014

4 Enter greater of line 2 or line 3

5 Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990 or 990-EZ) 2014

b

d Excess from 2013 . . e Excess from 2014 . .

Schedule A (Fo	m 990 or 990-FZ) 2	014 Florida's	Children	First,	Inc.	52-23729 <u>98</u>	Page 8
Part VI	Supplemental	Information, Provide	the explanation	ns required	by Part II,	line 10; Part II, line 17a or 17b;	and
	Part III, line 12.	Also complete this p	art for any add	itional inforr	nation. (Se	e instructions.)	
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

2014

Department of the Treasury
Internal Revenue Service

Name of the organization

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

orm990.

Employer identification number

Florida's Cl	nildren First, Inc.	52-2372998
Organization type (check		
Filers of:	Section:	
Form 990 or 990-EZ	<b>X</b> 501(c)( <b>3</b> ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization Note. Only a section 501( instructions.	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special I	Rule. See
General Rule		
For an organization or more (in mone) contributor's total	in filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling or property) from any one contributor. Complete Parts I and II. See instructions for dete contributions.	g \$5,000 emining a
Special Rules		
regulations under 13, 16a, or 16b, a	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), and that received from any one contributor, during the year, total contributions of the great of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Pa	, Part II, line ter of (1)
contributor, during	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fron the year, total contributions of more than \$1,000 exclusively for religious, charitable, scional purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II	ientific,
For an organization contributor, during contributions totale during the year for General Rule appropriate to the contributions to the contributions to the contributions of the c	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the year, contributions exclusively for religious, charitable, etc., purposes, but no such ad more than \$1,000. If this box is checked, enter here the total contributions that were rean exclusively religious, charitable, etc., purpose. Do not complete any of the parts unleadies to this organization because it received nonexclusively religious, charitable, etc., comore during the year	received ess the entributions
990-FZ or 990-PF) but it	that is not covered by the General Rule and/or the Special Rules does not file Schedule I must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Fo I, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ	orm 990-EZ or on its

Name of organization

Florida's Children First, Inc.

Employer identification number 52-2372998

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Colodny, Fass, Talenfeld, Karlinsky, Aba 100 SE 3rd Avenue Fort Lauderdale FL 33394	\$ 65,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Seitlin Law Firm 233 East Bay Street Jacksonville FL 32202	s 31,250	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution
3 3	Holland & Knight 50 North Laura Street Tampa FL 33601	\$ 52,631	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Florida Bar Foundation 250 South Oranage Ave Suite 600P Orlando FL 32801	\$ 13 <b>4</b> ,960	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Wendy Cox Law PO Box 1013 Ospray FL 34229	ş 21,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Paul Palank Memorial Foundation 70 By Colony Road Fort Lauderdale FL 33308	s 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
Florida's Children First, Inc.

Employer identification number 52-2372998

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. <b>7</b>	McGee Foundation 5722 S Flamingo Rd Cooper City FL 33330	\$ 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Howard Talenfeld 690 Leigh Palm Ave Plantation FL 33324	\$ 51,600	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	State Farm Insurance 1 State Farm Plaza C-1 bloomington IL 61710	s 87,750	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Rosemary Armstrong 3415 W. Mullen Avenue Tampa FL 33609	\$ 20,350	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	Joan Karp 10930 NW 3 Street Plantation FL 33324	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
Florida's Children First, Inc

Employer identification number 52-2372998

Part II	Noncash Property (see instructions). Use duplicate	copies of Part II if additional space	ce is needed.
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	Legal services	\$ 60,000	12/31/14
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	Legal services	\$ <b>31,25</b> 0	12/31/14
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	Legal services	\$ 52,631	12/31/14
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	Legal	\$ 15,000	12/31/14
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	Legal	s 51,600	12/31/31
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

## SCHEDULE C (Form 990 or 990-EZ)

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Complete if the organization is described below. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	e of organi		Children		Inc.		Employer iden 52-23729	tification number
Par	t I-A	Complete if the orga	nization is exer	npt unde	r section 501(c	or is a section	on 527 organizatio	n.
1 2 3	Political	a description of the organizati expenditures · hours						
Par	t I-B	Complete if the orga	ınization is exer	npt unde	r section 501(c	<del>:)</del> (3).		
1		amount of any excise tax inc					▶\$	
2		amount of any excise tax in					<b>&gt;</b> \$	<u></u> <u></u>
3		anization incurred a section 4						Yes No
4a	Was a co	prrection made?						Yes No
		lescribe in Part IV.		4			F04(-)/2)	
	t I-C	Complete if the orga	·		<del></del>	<del></del>	on 501(c)(s).	
1	activities	amount directly expended by amount of the filing organiza			·		<b>&gt;</b> \$	
_		npt function activities					<b>▶</b> \$	
3	Total exer	mpt function expenditures. Ac	d lines 1 and 2. Ente	er here and	on Form 1120-POL			
							<b>&gt;</b> \$	
4	Did the fil	ing organization file Form 11	20-POL for this year	?				Yes No
5	Enter the	names, addresses and empl	loyer identification nur	mber (EIN) o	f all section 527 po	olitical organizations	to which the filing	
		on made payments. For each						
	the amou	nt of political contributions re	ceived that were pror	nptly and dir	ectly delivered to a	separate political o	rganization, such	
	as <u>a sep</u> a	rate segregated fund or a po	olitical action committe	e (PAC). If	additional space is	needed, provide info	rmation in Part IV.	
		(a) Name			(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
[1]								
(2)								
3)								
4)								<del></del> "
5)			-					
6)			· · · · · ·					

Sche	edule C (Form 990 or 990-EZ) 2014 Flori	da's Child	dren First,	Inc.	52-2372998	
_	urt II-A Complete if the organiz	ation is exemp	t under section !	501(c)(3) and	filed Form 5768 (ele	ction under
•	section 501(h)).	•			<u></u> _	
A	Check ▶ ☐ if the filing organization	n belongs to an	affiliated group (a	and list in Parl	IV each affiliated grou	up member's
•	name, address, EIN,	expenses, and :	share of excess lo	bbying expen	ditures).	
В	Check ▶ ☐ if the filing organization	n checked box	A and "limited cor	ntrol" provision	is apply.	
_		bying Expendi			(a) Filing	(b) Affiliated
	(The term "expenditures" n				organization's totals	group totals
12	Total lobbying expenditures to influence pub					
	Total lobbying expenditures to influence a le			1		
	Total lobbying expenditures (add lines 1a an					
	Other exempt purpose expenditures					
	Total exempt purpose expenditures (add line					
	f Lobbying nontaxable amount. Enter the amo					
	columns.					
	If the amount on line 1e, column (a) or (b) is:	The lobbying no	ntaxable amount is:		]	
	Not over \$500,000	20% of the amour	nt on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 159	% of the excess over \$50	0,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 109	% of the excess over \$1,0	00,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5%	of the excess over \$1,50	0,000.		
	Over \$17,000,000	\$1,000,000.				
9	Grassroots nontaxable amount (enter 25% o	f line 1f)	,			
ŀ	Subtract line 1g from line 1a. If zero or less,	enter -0-	.,			
	i Subtract line 1f from line 1c. If zero or less, e	enter -0-		L		
	j If there is an amount other than zero on eithe	er line 1h or line 1i,	did the organization file	Form 4720		<b>—</b> —
	reporting section 4911 tax for this year?		<u> </u>		<u></u> <u></u> <u></u>	Yes No
		4-Year Averag	ing Period Under	section 501(h)		
	(Some organizations that made	a section 501(h	) election do not h	ave to comple	te all of the five colum	ns below.
	s	ee the separate	instructions for line	es 2a through	2f.)	
_	<u>Lo</u>	bbying Expendit	ures During 4-Year	r Averaging Po	enoa	
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
				<del>                                     </del>		<u> </u>
	Lobbying nontaxable amount			<u> </u>		
t	Lobbying ceiling amount					
	(150% of line 2a, column(e))		<u> </u>			
•	: Total lobbying expenditures					
C	Grassroots nontaxable amount			<u> </u>		
e	Grassroots ceiling amount (150% of line 2d, column (e))			ļ		
1	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014

52-2372998 Schedule C (Form 990 or 990-EZ) 2014 Florida's Children First, Inc. Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (b) (a) For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed No Amount description of the lobbying activity. During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: X a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? X c Media advertisements? X d Mailings to members, legislators, or the public? X e Publications, or published or broadcast statements? X f Grants to other organizations for lobbying purposes? 24,000 g Direct contact with legislators, their staffs, government officials, or a legislative body? X h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? X i Other activities? 24,000 j Total. Add lines 1c through 1i X 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No 1 Were substantially all (90% or more) dues received nondeductible by members? 1 2 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? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 501(c)(6) 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 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 **b** Carryover from last year 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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 expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information 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 instructions); and Part II-B, line 1. Also, complete this part for any additional information. Schedule C, Part II-B, Line 1 Florida's Children First, Inc. (FCF) hired a consultant the duties of which included in some part the attempt to influence legislation that in the opinion of the organization would improve child welfare services by contacting individual legislators. FCF staff and Florida Youth Shine

members are sometimes asked questions, provide information, testify at

Schedule C (Form	990 or 990-EZ) 2014	Florida's	Children	First,	Inc.	52-2372998	Page 4
Part IV	Supplemental	Information (co	ntinued)				
	s and educ			of a bi	11.		
	( <del>-</del>	7.47.T., , ,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to 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

OMB No. 1545-0047

Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990 Employer identification number

Inspection

	of the organization		277000
_F	TOLICE & Chiliaten Litat, inc.		372998
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or Acc	ount	S.
	Complete if the organization answered "Yes" to 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 year)		<u></u>
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised		П v П и-
	funds are the organization's property, subject to the organization's exclusive legal control?		Yes No
6	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		Yes No
_	conferring impermissible private benefit?	<u></u>	
Pa	Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	nt land	area
	Preservation of land for public use (e.g., recreation or education)		aica
	Protection of natural habitat Preservation of a certified historic str	aviute	
	Preservation of open space	,	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	<u>'</u>	Held at the End of the Tax Year
	easement on the last day of the tax year.	2a	11012 41 41 41 41 41 41 41 41 41
а	Total number of conservation easements	2b	
b	at the second of a control of a	2c	<u> </u>
С	the standard in the standard in (a) promitted offer 9/17/06, and not on a	1	<u> </u>
đ		2d	
_	historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization du		e
3			
	tax year ▶		
4 E	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of		
5	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year		
0	Stall and volunteer flours devoted to monitoring, inopositing, and state of		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year		
•	>\$		
Q	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)		
۰	and section 170(h)(4)(B)(ii)?		Yes No
9	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 describe	s the	
	organization's accounting for conservation easements.		
Pa	art III Organizations Maintaining Collections of Art, Historical Treasures, or Other Sim	nilar 🖊	Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance	e sheet	İ
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	of	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sh	eet	
	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) Revenues included in Form 990, Part VIII, line 1	▶	\$
	(ii) Assets included in Form 990, Part X	▶	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	ıe	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:		•
а			\$
ь	Assets included in Form 990, Part X	<u> ▶</u>	<u> </u>

chedule	D (Form 990) 2014		s Children				<u>-23729</u>			Page
Part I			Collections of						(continued	)
	ing the organization's a lection items (check all		n, and other records,	check any of t	he followin	g that are a signifi	cant use of	its		
a 🗌	Public exhibition		d 🗌	Loan or excha	ange progr	ams				
ь П	Scholarly research		е 🗌	Other						
с 🗍	Preservation for future	e generations	_							
4 Pro	vide a description of th	e organization's co	llections and explain I	now they furthe	er the orga	nization's exempt į	purpose in F	art		
XIII	l.									
5 Dur	ring the year, did the or	rganization solicit o	r receive donations of	art, historical t	reasures,	or other similar			_	_
ass	sets to be sold to raise	funds rather than to	o be maintained as pa	irt of the organ	ization's co	ollection?		<u> </u>	Yes	L N
Part I		l Custodial Ar								
	Complete if t	the organizatior	n answered "Yes"	to Form 99	0, Part	IV, line 9, or re	ported ar	amount	on Form	
	990, Part X,					<del></del> _				_
la Isti	he organization an age	nt, trustee, custodia	an or other intermedia	ry for contribut	ions or oth	er assets not				
incl	uded on Form 990, Par	rt X?							Yes	<u> </u>
b If "Y	Yes," explain the arrang	ement in Part XIII	and complete the folio	wing table:			1			
									Amount	
с Вед	ginning balance		.,					1c		
d Add	litions during the year							1d		
e Dist	tributions during the ye	ar						1e		
								_1f		
	the organization includ									⋈戍
	es," explain the arrang		Check here if the exp	lanation has be	en provid	ed in Part XIII	<u></u>			
Part V										
	Complete if t	he organization	answered "Yes"	ſ	- 1	=			<u> </u>	
			(a) Current year	(b) Prior ye	ear	(c) Two years back	(d) Thi	ee years back	(e) Four yea	rs back
a Beg	inning of year balance						_			
<b>b</b> Con	ntributions									
c Net	investment earnings, g	jains, and			- [					
	es									
<b>d</b> Gra	nts or scholarships								<del> </del>	
e Oth	er expenditures for faci	lities and								
· prog	grams		<u></u>						+	
f Adm	ninistrative expenses									
g End	of year balance	., L								
Prov	vide the estimated perc	entage of the curre	ent year end balance (	line 1g, columr	n (a)) held	as:				
<b>a</b> Boa	rd designated or quasi									
<b>b</b> Perr	manent endowment	%								
	nporarily restricted end		<b>%</b>							
The	percentages in lines 2	a, 2b, and 2c shoul	ld equal 100%.							
a Are	there endowment fund:	s not in the posses	sion of the organization	on that are held	I and adm	inistered for the				
orga	anization by:								Yes	s N
(i)	unrelated organizations	s							3a(i)	_
	related organizations									_
b If "Y	'es" to 3a(ii), are the re	lated organizations	listed as required on	Schedule R?					3b	
Des	cribe in Part XIII the int			ment funds.					<del></del>	
art V	I Land, Buildi	ngs, and Equi	ipment.			4 11 44 6			/ U 40	
	Complete if to	<u>he organization</u>	answered "Yes"	<b>I</b>						
	Description of prop	erty	(a) Cost or other b	asis (b	) Cost or othe	erbasis (	c) Accumulated		(d) Book value	!
			(investment)		(other)		depreciation			
a Land	d							-		
<b>b</b> Build	•									
	sehold improvements					0.604		224		25
<b>d</b> Equi	ipment				3	0,684	28,	331	2	, 35
e Othe	er	,, <u>,,,,,</u>								, 35:
			qual Form 990, Part X	toward (D) 16	40-1			▶l	2	- 2 E

	Investments—Other Securities.  Complete if the organization answered "Yes" to	n Form 990 Part IV line	11b See Form 990 Part X, line	12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:	
	(including name of security)		Cost or end-of-year market value	
Financial o	derivatives			
	d equity interests			
(A)				
(B)				
(¢)				
			-	
(E)				
	,			
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶			
art VIII	Investments—Program Related.	- · · ·		
ait viii	Complete if the organization answered "Yes" to	Form 990, Part IV, line	11c. See Form 990, Part X, line 1	13.
_	(a) Description of investment	(b) Book value	(c) Method of valuation:	
	.,		Cost or end-of-year market value	
			<u> </u>	
al. (Column	(b) must equal Form 990, Part X, col. (B) line 13.) ▶			
al. (Column	(b) must equal Form 990, Part X, col. (B) line 13.) ▶  Other Assets.  Complete if the organization answered "Yes" to	Form 990, Part IV, line		15.
al. (Column Part IX	Other Assets.  Complete if the organization answered "Yes" to	Form 990, Part IV, line		
al. (Column	Other Assets.  Complete if the organization answered "Yes" to	Form 990, Part IV, line		
	Other Assets.  Complete if the organization answered "Yes" to	Form 990, Part IV, line		
) al. (Column Part IX )	Other Assets.  Complete if the organization answered "Yes" to	Form 990, Part IV, line		
al. (Column	Other Assets.  Complete if the organization answered "Yes" to	Form 990, Part IV, line		
al. (Column Part IX	Other Assets.  Complete if the organization answered "Yes" to	Form 990, Part IV, line		
al. (Column art IX	Other Assets.  Complete if the organization answered "Yes" to	Form 990, Part IV, line		
al. (Column art IX	Other Assets.  Complete if the organization answered "Yes" to	Form 990, Part IV, line		
al. (Column Part IX	Other Assets. Complete if the organization answered "Yes" to  (a) Description		(b) 80	
al. (Column Part IX	Other Assets.  Complete if the organization answered "Yes" to (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" to		(b) 8o	ook value
al. (Column	Other Assets.  Complete if the organization answered "Yes" to (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" to line 25.		(b) 8o	ook value
al. (Column art IX	Other Assets.  Complete if the organization answered "Yes" to (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" to line 25.	Form 990, Part IV, line	(b) 8o	ook value
al. (Column art IX	Other Assets.  Complete if the organization answered "Yes" to (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" to line 25.	Form 990, Part IV, line	(b) 8o	ook value
art IX	Other Assets.  Complete if the organization answered "Yes" to (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" to line 25.	Form 990, Part IV, line	(b) 8o	ook value
al. (Column art IX	Other Assets.  Complete if the organization answered "Yes" to (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" to line 25.	Form 990, Part IV, line	(b) 8o	ook value
al. (Column art IX	Other Assets.  Complete if the organization answered "Yes" to (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" to line 25.	Form 990, Part IV, line	(b) 8o	ook value
al. (Column lart IX	Other Assets.  Complete if the organization answered "Yes" to (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" to line 25.	Form 990, Part IV, line	(b) 8o	ook value
al. (Column art IX	Other Assets.  Complete if the organization answered "Yes" to (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" to line 25.	Form 990, Part IV, line	(b) 8o	ook value
al. (Column Part IX  ) ) ) ) ) ) al. (Column al. (Column	Other Assets.  Complete if the organization answered "Yes" to (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" to line 25.	Form 990, Part IV, line	(b) 8o	ook value
al. (Column art IX	Other Assets.  Complete if the organization answered "Yes" to (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" to line 25.	Form 990, Part IV, line	(b) 8o	ook valu
al. (Column art IX  al. (Column art X  Federal in	Other Assets.  Complete if the organization answered "Yes" to (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" to line 25.	Form 990, Part IV, line	(b) 80  11e or 11f. See Form 990, Part X	ook value

Sche	dule D (Form 990) 2014 Florida's Children First,	Inc.	<u>52-2372998 </u>	Page 4
	art XI Reconciliation of Revenue per Audited Financial Stat	ements With Rev		n.
	Complete if the organization answered "Yes" to Form 990			976,831
1	Total revenue, gains, and other support per audited financial statements		.,,,,	976,831
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains (losses) on investments	2a		
a b	The state of the s			
c	the contract of the contract o	2c		
d				
e	Add lines 2a through 2d			2e
3	Subtract line 2e from line 1			<u>3 976,831</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)			lc
5 5	Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5 976,831
	irt XII Reconciliation of Expenses per Audited Financial Sta			
	Complete if the organization answered "Yes" to Form 990			
1	Total expenses and losses per audited financial statements			968,556
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1		
	Donated services and use of facilities			
	Prior year adjustments			
	Other losses	· · · · · · · · · · · · · · · · · · ·		
	Other (Describe in Part XIII.) Add lines 2a through 2d			2e
3	Subtract line 2e from line 1			968,556
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
_	The state of the s	4a		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)			
b c	Other (Describe in Part XIII.) Add lines 4a and 4b	4b_		069 556
b c 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4b_		968,556
ь 5 <b>Ра</b>	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.	4b_		968,556
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	V, lines 1b and 2b; Pa	ırt V, line 4; Part X, lir	968,556
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.	V, lines 1b and 2b; Pa	ırt V, line 4; Part X, lir	968,556
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	V, lines 1b and 2b; Pa	ırt V, line 4; Part X, lir	968,556
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	V, lines 1b and 2b; Pa	ırt V, line 4; Part X, lir	968,556
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  In XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines 1b and 2b; Pa	rt V, line 4; Part X, lination.	968,556
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b and 2b; Pa	rt V, line 4; Part X, lination.	968,556
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  In XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines 1b and 2b; Pa	rt V, line 4; Part X, lination.	968,556
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  In XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines 1b and 2b; Pa	rt V, line 4; Part X, lination.	968,556
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  In XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines 1b and 2b; Pa	rt V, line 4; Part X, lination.	968,556
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b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  In XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines 1b and 2b; Pa	rt V, line 4; Part X, lination.	968,556
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  In XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines 1b and 2b; Pa	rt V, line 4; Part X, lination.	968,556
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  In XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines 1b and 2b; Pa	rt V, line 4; Part X, lination.	968,556
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b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  In XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines 1b and 2b; Pa	rt V, line 4; Part X, lination.	968,556
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b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  In XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines 1b and 2b; Pa	rt V, line 4; Part X, lination.	968,556
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b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  In XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines 1b and 2b; Pa	rt V, line 4; Part X, lination.	968,556
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  In XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines 1b and 2b; Pa	rt V, line 4; Part X, lination.	968,556
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  In XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines 1b and 2b; Pa	rt V, line 4; Part X, lination.	968,556
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  In XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines 1b and 2b; Pa	rt V, line 4; Part X, lination.	968,556

Schedule D (F	om 990\ 2014	Florida's	Children	First,	Inc.	52-2372998	Page <b>5</b>
Part XIII	Supplementa	Florida's   Information (	continued)				
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#### SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

**Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OM8 No. 1545-0047

2014

Open To Public Inspection

Employer identification number Name of the organization 52-2372998 Florida's Children First, Inc. Types of Property Part I (c) (d) (b) (a) Noncash contribution Method of determining Number of contributions or Check if amounts reported on noncash contribution amounts applicable items contributed Form 990, Part Vill, line 1g Art — Works of art Art — Historical treasures 2 Art — Fractional interests Books and publications ..... 4 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities — Publicly traded 9 Securities - Closely held stock 10 Securities --- Partnership, LLC, or trust interests Securities — Miscellaneous 12 Qualified conservation contribution - Historic structures Qualified conservation contribution — Other Real estate — Residential 15 Real estate — Commercial 16 17 Real estate — Other Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 320,715 Other ▶( Professional ) 25 26 Other ►( .....) 27 Other ►( 28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required X 30a to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 31 X 31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a X 32a ..... If "Yes." describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33

describe in Part II.

Schedule M (Form 9	90) (2014)	Flo	rida's	Chi	ldren	First,	Inc.	52-237	2998	Page 🔏
Part II	the organ	ization	n is report	ing in F	Part I, col	umn (b), the	e number	by Part I, lines 30b, of contributions, the tional information.	2998 , 32b, and 33, and whether e number of items received	er d,
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### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Florida's Children First, Inc.

Employer identification number 52-2372998

Form 990 - Organization's Mission Organization's Mission or Most Significant Activities We are change-agents. We are Florida's child-caring systems' watchdogs. Florida's Children First, Inc. (FCF) is the only organization in Florida that works to give the most vulnerable children a voice and a presence in determining their destiny, as well as to insure that each child in Florida's systems of care have adequate representation to make their lives enriched and full, like any other child. These vulnerable children are those who have been abused or neglected, have mental health problems, are disabled, or have a troubled life and problems with the law. FCF is Florida's premiere, statewide child advocacy organization that makes substantial improvements in the lives of these children by using many means to change the systems of care. FCF also empowers individual children and youth to organize, learn leadership and advocacy skills and to become the voice for all children in care by its support and promotion of Florida Youth SHINE, its youth advocacy organization comprised of 12 statewide Chapters of approximately 150 children and youth, ages 13-24. There is no single, correct way, to change the system. Sometimes, all it takes is to sit at the table with the heads of the state agencies who deal in children issues to share concerns and offer viable solutions. Or it can mean to work with agencies when they write their policies, procedures or rules. Changing the system of care for Florida's children requires that we educate a variety of stakeholders. Sometimes we make the general public aware of a

problem concerning our children, in order to motivate their help and

Page 2

Name of the organization

Florida's Children First, Inc.

Employer Identification number 52-2372998

professionals across the state on the new procedures or law - or educating them on the issues so that they are aware of the need for change. We also make systemic changes by educating the state legislature on the issues that these children face on a daily basis and helping them understand the systems of care and the difficulties surrounding maneuvering in those systems - especially for children. We educate by writing materials, brochures, pamphlets that give information on various topics in child welfare, delinquency and disabilities.

FCF also takes on the equally important role of educating children and youth about their rights, the processes that they are facing, and their supports. We work hard to help them understand the power they can have over their own destiny when they learn to effectively advocate on behalf of themselves - and we empower them to advocate for themselves and on behalf of all other children in care.

We engage in public education via media advocacy, when necessary. We give interviews on TV, Radio, Newspapers, live presentations in other forums - all effective tools when used in the right way to effectively get the message out quickly and to the largest audience.

Sometimes making the system better for our children requires us to argue in the appellate courts in "Amicus Briefs" designed to support or oppose a position taken in a case that affect the lives of children in care. Or, when all else fails, sometimes the only way to try to change the system means filing a law suit. Thankfully, Florida's Children First has never had to resort to filing a suit, although it does have sufficient ability to do so if the need arose.

Florida's Children First does all of these things and much more, to make

Name of the organization

Employer identification number 52-2372998

Florida's Children First, Inc.

positive changes in the system to help our children. FCF is operated, amazingly, by a small but mighty staff of 5, who, with the help of hundreds of volunteer attorneys and other professionals across the state, work tirelessly to make substantial, positive changes to better the lives of children. FCF's accomplishments include working with volunteer professionals who help in a variety of ways and whose hard work has equaled almost \$5,000,000 in professional services. FCF has trained over 16,792 people across Florida on important issues concerning our children. Florida's Children First has received over 9,500 hours of pro bono (free) hours from lawyers across the state. We have also provided over 57,924 hours of youth advocacy and training, provided 21 educational publications on children's rights, and filed 28 amicus briefs. But the most successful and impactful work done by FCF is in its ability to educate the legislature as well as to empower the youth, by presenting children and youth to speak with legislators and share their stories to give a voice and put a face on the issues, resulting in the ability to help get 21 bills drafted, supported or passed.

All of this has made positive changes in the lives of thousands of children in Florida, which continues to have a ripple effect impacting even more and more each year, as well as educating thousands of professionals and countless citizens about issues and solutions for children in care.

Form 990, Part III, Line 4a - First Accomplishment

top priority. Sadly, Florida is one of only 10 states that do not provide

for paid counsel for children whose lives are being disrupted and decided

in a court of law. To help rectify this problem, FCF works diligently to

recruit and train lawyers across the state to provide free legal services

Employer identification number 52-2372998

Florida's Children First, Inc.

for our children. FCF has provided live and videotaped training and training materials on the various aspects of dependency proceedings in Florida, mentors attorneys who handle individual cases and link lawyers together who have a common issue.

FCF has helped train hundreds of lawyers who volunteer their time. We developed outstanding training videos and materials, with continuing legal

credit given to the participant lawyers from the Florida Bar. The topics include, but are not limited to disability rights, the overuse of psychotropic medication on children in care, child-on-child sexual assault and how to handle a dependency case, among many other topics.

Most important is the ability of FCF to be extremely flexible - ready and able to tackle an immediate problem or issue by access to its hundreds of resources of people and materials. When the lives of children are at stake, a quick response and immediate action are necessary. Florida's Children First is the one and only organization in Florida that can motivate many youth as well as knowledgeable professionals at a moment's notice, and has the ability to work within and outside the system to get the desired results, often in a very quick time with extensive, positive outcomes.

This work continues daily and the good results that help children continue to be achieved.

Form 990, Part III, Line 4b - Second Accomplishment
number of issues through its existence; including a bill that requires all
children leaving care to obtain their own, personal records, and improving
educational stability. Recently, they advocated for the ability to live
normal lives and not have to get court orders to travel with their school

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization

Employer identification number

52-2372998 Florida's Children First, Inc.

sports teams or bands to competitions out of the county or the state, or to

get neighbors background screened and finger printed before the child could sleep over in the home of their best friend. This caused a law change that allowed caregivers to make decisions like any reasonable and prudent parent, without state interference or approval. But the most amazing recent accomplishment in the area of improving outcomes for older children has been FCF and FYS's several years of work in educating the public and the legislature to finally extend foster care from age 18 to age 21. Florida Youth SHINE was the driving force behind this landmark policy change. And the public and the legislature listened. law was passed, effective January, 2014, that allows children to choose to remain in foster care until they are ready to be on their own, up until age Getting these major changes does not end our work. In fact, the real work is about to begin. FCF and FYS must be involved in the rulemaking process, continue to carefully scrutinize the system to see that the law is properly implemented, train professionals across the state on the new law and policies and procedures, draft publications, make appearances, be the watchdog and drive the system to continue to do better for our children.

Form 990, Part VI, Line 2 - Related Party Information Among Officers Julie Talenfeld Howard Talenfeld Director President Married

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The board is provided with a copy of the 990 prior to being filed.

Page 4 of 5

22. Total expenses. Add lines 13 through 21

23. Excess or (Deficit). Subtract line 22 from line 12

24. Total exempt revenue 25. Total unrelated revenue

26. Total excludable revenue

28. Total liabilities

29. Retained earnings

32. Number of employees

33. Number of volunteers

27. Total assets

30. Number of voting members of governing body

31. Number of independent voting members of governing body

Two Year Comparison Report 2013 & 2014 Form 990 For calendar year 2014, or tax year beginning Taxpayer Identification Number Name 52-2372998 Florida's Children First, Inc. 2014 Differences 2013 915,062 962,553 47,491 1. 1. Contributions, gifts, grants 2. Membership dues and assessments 2. 3. 3. Government contributions and grants 41,000 -41,000 4. 4. Program service revenue 11,728 14,278 2,550 5. 5. Investment income 6. 6. Proceeds from tax exempt bonds 7. Net gain or (loss) from sale of assets other than inventory 7. 8. 8. Net income or (loss) from fundraising events 9. Net income or (loss) from gaming 9. 10. Net gain or (loss) on sales of inventory 11. 11. Other revenue 967,790 976,831 9,041 12. 12. Total revenue. Add lines 1 through 11 13. 13. Grants and similar amounts paid 14. Benefits paid to or for members 14. 15. 15. Compensation of officers, directors, trustees, etc. 5,371 432,110 437,481 16. Salaries, other compensation, and employee benefits 16. 17. Professional fundraising fees **17**. -77,536 396,592 319,056 18. Other professional fees 18. -188 ■ 19. Occupancy, rent, utilities, and maintenance 19. 19,573 19,385 795 897 102 20. 20. Depreciation and Depletion 141,285 191,737 50,452 21. Other expenses 21. -21,799 968,556

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32. 33. 990,355

-22,565

967,790

52,728

16,142

495,256

479,114

32

31

8

317

8,275

976,831

14,278

17,482

504,871

487,389

31

30

600

30,840

-38,450

9,041

9,615

1,340

8,275

Form **990T** 

Name

## Two Year Comparison Report

2013 & 2014

For calendar year 2014, or tax year beginning

ending

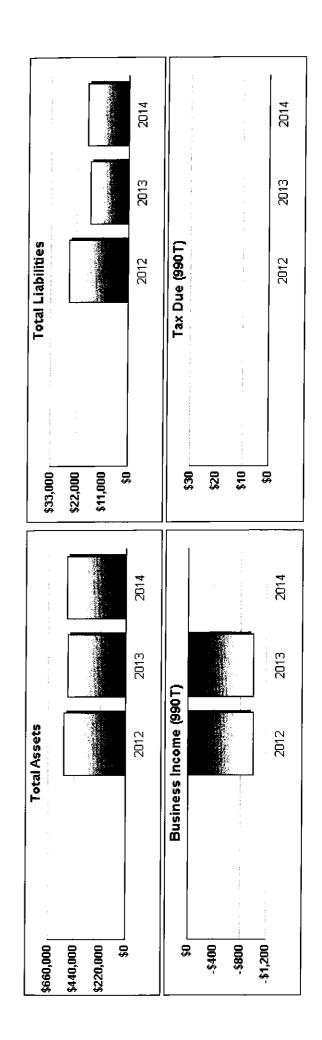
Taxpayer Identification Number

F.	lorida's Children First, Inc.				52-2372998
			2013	2014	Differences
	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
9	3. Income/loss from partnerships and S corporations	3.			
=	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
8	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	B. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
1	0. Other income	10.			
h	1. Total trade or business income. Combine lines 1 through 10	11.			
1	2. Compensation of officers, directors, and trustees	12.			
H	3. Other salaries and wages	13.			
1	4. Repairs and maintenance	14.	<u> </u>		
	5. Bad debts	15.			
ا ش	S. Interest	16.			
8 4	7. Taxes and licenses	17.			
S _ 1	3. Charitable contributions	18.			
ر ا ۵	9. Depreciation and Depletion	19.			
. <u></u> ,	Contributions to deferred compensation plans	20.			
	Employee benefit programs	21.			
	2. Other deductions	22.			
5	3. Total deductions. Add lines 12 through 22	23.		_	
	4. Taxable Income before NOL. Subtract line 23 from 11	24.	<u> </u>		
	5. Net operating loss deduction	25.			
	3. Specific deduction	26.	1,000		-1,000
	7. Unrelated business taxable income.	27.	-1,000		1,000
o	B. Income tax (corporate or trust)	28.			
	). Proxy tax	29.			
- L	O. Alternative minimum tax	30.			
	I. Total taxes	31.			
~ <sub>k</sub>	and the	32.			
WO	2. Other credits 3. General business credit	33.			
a S	. Credit for prior year minimum tax	34.			*-
		35.	-	<u> </u>	<del> </del>
3	i. Total credits	36.			
3	Net tax after credits	37.	-		
	/. Recapture taxes	38.			
_	Total Taxes     Prior year overpayment and estimated tax payments	39.			
		40.			
	). Payment made with extension	41.			-
3	Backup withholding and foreign withholding	42.	· <del>-</del>		-
- 4: 0	2. Other payments	43.			-
A 4:	3. Total payments		<del></del>		-
	Balance due/(Overpayment)	44.		<del> </del>	-
	i. Overpayment applied to next year	45.	<del></del>		-
	. Penalties	46.	·		-
<u> 47</u>	. Total due/(Refund)	47.			

2013 2014 2015 2016 41,000 41,000 41,000 796,82 227 440 396,592 319,02 396,592 319,02 678 795 795 891 141,285 191,72 891 891 52,728 704 891 891 679 479,114 487,33	Form 990		Tax Return History			2014
2010         2011         2012         2014           760,095         915,062         962,553           41,000         41,000         14,278           36,796         11,728         14,278           14,278         14,278         14,278           401,440         437,110         437,481           678         396,592         319,056           678         19,573         19,385           678         439,901         141,285         19,385           678         90,355         968,556           -64,355         -22,565         8,275           64,355         -22,565         8,275           796,891         52,728         14,278           796,891         52,728         445,278           796,891         52,728         14,278           526,728         439,256         504,871           526,728         479,114         487,380		Ĥ			Employer lc 52-23	Employer Identification Number 52-2372998
36,796     915,062     962,553       41,000     41,000       36,796     11,728     14,278       11,728     14,278       401,440     432,110     437,481       19,27     19,573     19,385       439,901     141,285     196,856       439,901     141,285     968,566       64,355     -22,565     8,275       796,891     967,790     976,831       796,891     967,790     976,831       796,891     967,790     976,831       796,891     967,790     976,831       796,891     52,728     14,278       52,728     495,256     504,811       52,728     16,142     11,42       52,728     16,142     11,42       52,728     16,142     17,482       51,491     479,142     11,482				2013	2014	2015
36,796     11,728     14       36,796     11,728     14       401,440     432,110     437       401,440     432,110     437       678     795,592     319       678     795     19,573     19       861,246     990,553     968       861,246     990,355     968       -64,355     -22,565     8       796,891     967,790     976       796,891     967,790     976       796,891     16,142     11       226,728     16,142     17       501,679     479,114     487	, grants		160		_;	2
36,796 11,728 14  36,796 11,728 14  796,891 967,790 976  796,891 432,110 437  19,227 19,573 19  678 439,901 141,285 191  861,246 990,355 968  796,891 967,790 976  796,891 52,728 14  526,728 495,256 504  501,679 479,114 487	Membership dues				4	
36,796     11,728     14       796,891     967,790     976       401,440     432,110     437       19,227     19,573     19       439,901     141,285     191       439,901     141,285     968       439,901     141,285     968       -64,355     -22,565     8       796,891     967,790     976       796,891     52,728     14       526,728     16,142     17       501,679     479,114     487	Program service revenue			41,000		
36,796       11,728       14         796,891       967,790       976         401,440       432,110       437         396,592       319         678       795       19,573       19         678       795       191       88         861,246       990,355       968         -64,355       -22,565       8         796,891       52,728       14         756,891       52,728       14         526,728       495,256       504         25,049       16,142       17         501,679       479,114       487						
401,440     432,110     437       401,440     432,110     437       19,227     19,573     19       678     795     191       439,901     141,285     191       861,246     990,355     968       -64,355     -22,565     8       796,891     967,790     976       796,891     526,728     14       25,049     16,142     17       501,679     479,114     487			36,796		14.278	
796,891       967,790       976         401,440       432,110       437         396,592       319         678       795         439,901       141,285       191         861,246       990,355       968         -64,355       -22,565       8         796,891       967,790       976         796,891       52,728       14         52,049       16,142       17         501,679       479,114       487	Fundraising revenue (income/loss)				, , , , , , , , , , , , , , , , , , , ,	
401,440     432,110     437       401,440     432,110     437       396,592     319       439,901     141,285     191       861,246     990,355     968       -64,355     -22,565     8       796,891     52,728     14       526,728     16       25,049     16,142     17       501,679     479,114     487	Gaming revenue (income/loss)					
401,440     432,110     437       401,440     432,110     437       19,227     19,573     19       678     795     19       439,901     141,285     191       861,246     990,355     968       -64,355     -22,565     8       796,891     967,790     976       796,891     52,728     14       526,728     495,256     504       25,049     16,142     17       501,679     479,114     487	Other revenue					
401,440       432,110       437         396,592       319         678       795       19         439,901       141,285       191         861,246       990,355       968         -64,355       -22,565       8         796,891       967,790       976         796,891       52,728       14         726,728       16,142       17         756,949       16,142       17         501,679       479,114       487	Total revenue			196	976.831	
401,440     432,110     437,       396,592     319,       678     795       439,901     141,285     191,       861,246     990,355     968,       -64,355     -22,565     8       796,891     52,728     14       796,891     52,728     14       526,728     16,142     17       501,679     479,114     487	Grants and similar amounts paid					
401,440     432,110     437       396,592     319       678     19,573     19       678     795     191       861,246     990,355     968       -64,355     -22,565     8       796,891     967,790     976       796,891     52,728     14       526,728     16,142     17       501,679     479,114     487	Benefits paid to or for members					
e + 401,440 432,110 437, 196,592 319, 196,692 319,692	Compensation of officers, etc.					
e Type Server Se				432,		
pletton     678     19,573     19       439,901     141,285     191,285       861,246     990,355     968,355       -64,355     -22,565     8       e     796,891     967,790     976,891       enue     796,891     52,728     14       526,728     16,142     17       5501,679     479,114     487				396,592	319,056	
e 796,891 141,285 191, 861,246 990,355 968, 968, 968, 961,246 990,355 968, 968, 968, 961,246 990,355 968, 968, 961,246 990,355 968, 968, 968, 968, 968, 968, 968, 968,	-		_ ~	19,	19,385	
e 861,246 990,355 191, 861,246 990,355 968, -64,355 -22,565 8, -64,355 -22,565 8, -64,355 -22,565 8, -64,355 -22,565 8, -64,355 -22,565 8, -64,355 -22,565 8, -64,355 -22,565 8, -64,355 -22,565 8, -64,355 -22,565 8, -64,355 -22,565 8, -64,355 -22,565 8, -64,355 -22,565 8, -64,355 -22,565 8, -64,355 -22,565 8, -64,355 -22,565 8, -64,355 8, -	Depreciation and depletion		829		J	
e 796,355 968,  e 796,891 967,790 976,  e 796,891 52,728 14,  526,728 495,256 504,  255,049 16,142 17,	Other expenses		439,901	141	١.	
e 796,891 967,790 976,  one 796,891 52,728 14,  enue 756,728 495,256 504,  25,049 16,142 17,			861,246	990,	968,556	
796,891     967,790     976,       796,891     52,728     14,       526,728     495,256     504,       25,049     16,142     17,       501,679     479,114     487	Excess or (Deficit)		-64,355	-22,		
796,891     967,790     976,       796,891     52,728     14,       526,728     495,256     504,       25,049     16,142     17,       501,679     479,114     487	Total					
796,891     52,728     14, 526,728       526,728     495,256     504, 504, 104, 114, 142	loral evenible tevenible		188,891	967	976,831	
796,891     52,728     14,       526,728     495,256     504,       25,049     16,142     17,       501,679     479,114     487						
526,728     495,256     504,       25,049     16,142     17,       501,679     479,114     487	Total excludable revenue		796,891	52,	14,278	
25,049 16,142 17, 501.679 479,114 487	Total Assets		526,728	495,	504,871	
501.679 479.114 487	Total Liabilities		ч	16	17,482	
100	Net Fund Balances		501,679	479,114	487,389	

Florida's Children First, Inc.  2010 2011 201 deduction se and deductions rate or trust) credit credit ments		2014	Employer Identification Number 52–2372998
deduction 2010 2011 20 deduction se and deductions ate or trust) credit trist	2012 201: 1,000 1,000	2014	2015
deduction se and deductions are or trust) credit tris its	000 '		
usion  Apense and deductions  reporate or trust)  ess credit  credits  payments			
xpense and deductions orporate or trust) ess credit credits payments			
xpense and deductions  sporate or trust)  ess credit  credits  payments			
Income tax (corporate or trust) Other taxes  Total taxes General business credit Other credits Net tax after credits Estimated tax payments		_	
Other taxes  Total taxes General business credit Other credits  Net tax after credits Estimated tax payments			
Total taxes General business credit Other credits Net tax after credits Estimated tax payments			
General business credit Other credits Net tax after credits Estimated tax payments			
Other credits  Net tax after credits  Estimated tax payments			
Net tax after credits Estimated tax payments			
Estimated tax payments			
Other payments			
Balance due/Overpayment			

<sup>\*</sup> Income shown net of expenses



FCF Florida's Children First, Inc.

52-2372998

# **Federal Statements**

6/10/2015 1:39 PM

FYE: 12/31/2014

### **Taxable Dividends from Securities**

FCF Florida's Children First, Inc. 52-2372998 FYE: 12/31/2014	Federal Statements	6/10/2015 1:39 PM
	Schedule A. Part II. Line 1(e)	
	Description	Ā
Other contributed services Contributions In-kind Legal Contribution In-kind Legal Research Contributions Total	arch	\$ 86,790 225,975 7,950 641,838 \$ 962,553
	Schedule A. Part II. Line 12	
	Description	Amount
Dividends and interest Unrealized gain on investment Total		\$ 12,544 1,734 \$ 14,278