FCF 08/04/2013 10:19 AM

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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 2012 Open to Public Inspection

Α	For the 2012	calendar year, or tax year beginning , and ending			
В	Check if applicable:	C Name of organization		D Emplo	yer identification number
i :	Address change	Florida's Children First, Inc.			
i	•	Doing Business As		52-	-2372998
1 1	Name change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Teleph	none number
ί	Initial return	1801 University Drive		954	4-796-0860
	Terminated	City, town or post office, state, and ZIP code			- da ·
\equiv	Amended return	Coral Springs FL 33071-8920	1	G Gross rec	eipts \$ 796,891
1		F. Name and address of principal officer:		0 01030100	
\sqsubseteq	Application pending	FILE COPY	H(a) Is this a gro	oup return for	affiliates? Yes X No
		FILE COF I	H(b) Are all affi	iliates include	d? Yes No
			ľ		. (see instructions)
_		X 501(c)(3) 501(c) () √ (insert no.) 4947(a)(1) or 527	1		
<u> </u>	Tax-exempt status	X 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527 Floridaschildrenfirst.org	H(c) Group exe	amedian numb	
<u>J</u> _		(Market)	ear of formation: 20		M State of legal domicile: FL
7000000	Form of organization		ear or formation.	002	IM State or logar continue:
888.8		ummary		_	
	mbo	escribe the organization's mission or most significant activities: Organization strives to protect the rights and promo	te the vo	ice of	
ခ္	The	organization strives to protect the lights and prome	ome FCF i	e the	only
Governance		nerable youth who are in Floridas child serving syst			
Ver	inc	T			
Ĝ	2 Check tr	is box if the organization discontinued its operations or disposed of more than 25%			29
රේ	3 Number	of voting members of the governing body (Part VI, line 1a)		. —	28
ŧ		of independent voting members of the governing body (Part VI, line 1b)		·	5
Activities &		nber of individuals employed in calendar year 2012 (Part V, line 2a)			460
Ą	6 Total nui	mber of volunteers (estimate if necessary)			0
		elated business revenue from Part VIII, column (C), line 12		7a 7b	
	b Net unre	lated business taxable income from Form 990-T, line 34	Prior Year		Current Year
	9 Contribu	tions and grants (Part VIII, line 1h)		,671	760,095
ine.		service revenue (Part VIII, line 2g)	<u> </u>	277	0
Revenue		ent income (Part VIII, column (A), lines 3, 4, and 7d)			36,796
æ		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
	1		970	,948	796,891
		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,	0
		nd similar amounts paid (Part IX, column (A), lines 1–3)			0
		paid to or for members (Part IX, column (A), line 4)	388	,145	401,440
Ses		other compensation, employee benefits (Part IX, column (A), lines 5–10)		,, = = =	0
benses		onal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25) ▶ 61,781			-
ᅑ			647	,733	459,806
	ř .	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,035		861,246
	-	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		,930	-64,355
- W		less expenses. Subtract line 18 from line 12	Beginning of Curre		End of Year
Net Assets or Fund Balances	20 Total ass	ets (Part X, line 16)		,809	526,728
Asse	21 Total liab	ilities (Part X, line 26)		,775	25,049
Set	22 Not asse	ts or fund balances. Subtract line 21 from line 20	566	,034	501,679
		gnature Block			
		perjury, I declare that I have examined this return, including accompanying schedules and statements, a	and to the best of r	mv knowled	ge and belief, it is
tru	ie, correct, and co	modelete. Declaration of preparer (other than officer) is based on all information of which preparer has ar	ny knowledge.	•	
		De Nam		8	(-8-13
Sig	ın P	ignature of officer		Date	
Hei		Christina L. Souvers Executive Dire	CTOS		
1101		ype or print name and tille	· · · · · · · · · · · · · · · · · · ·	_,	
		e preparer's name Preparer's signature	Date	Check	if PTIN
Paid		reen S. Fengler mauren S. Fangler	08/04/	13 self-emp	- 100 to 1 and 1 and 1 and 1 and 1 and 1
	narar	. 4-11/ (71 / /)			5.0002118
	Only	3031 NE 22nd Street			
	Firm's ac	Frank Tourdondolo ET 33305-1825	Phi	one no.	954-561-2826
May		s this return with the preparer shown above? (see instructions)			Yes No

Form	n 990 (2012) Florida's Children First, Inc. 52-2372998	Page 2
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission:	
	See Schedule O	
_		
	······································	
2	Did the organization undertake any significant program services during the year which were not listed on the	
-	Taring Form 000 or 000 F70	Yes X No
	If "Yes," describe these new services on Schedule O.	🗀 🚾 🖼 🚾
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
•	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
		s modeured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants are required to report the amount of grants are required to report the grants and allocations are required to report the grants	uons to others,
	the total expenses, and revenue, if any, for each program service reported.	
In Figure 1 to 1 t	(Code:)(Expenses \$ 434,024 including grants of \$ improving General Child Welfare 'lorida's Children First is the go-to organization where oproblems in child welfare. FCF is actively involved to problems in child welfare. FCF is actively involved to problems in child welfare. FCF is actively involved to problems in child welfare. FCF is actively involved to problems in child grants and suggestions, with the ability of the doesn't comport with the law. FCF takes the lead training materials during each step of the process of that the children and youth, public and professionals assues and progress. This results in a wealth of public which can be easily and freely accessed on our webs: 'lorida's Children First also makes the legal representation of the proving Outcomes for Older Youth: (Code:)(Expenses \$ 322,931 including grants of \$ improving Outcomes for Older Youth: (CF gives a voice to the youth, teaching children in cause left care to become the face for all issues, this approved to the youth, teaching children first upport, structure, guidance and education to empower decome effective advocates through its youth advocacy couth SHINE (FYS). FYS, with 12 Chapters across the strong, credible and effective voice to represent the che older youth in the foster care system.	n seeking solutions d in helping roposed agency rules y to appeal if the in presenting change, making sure are aware of the ished materials, most ite for use by all. tation of children a) (Revenue \$) are and those who is the most Youth teach us the children and youth to organization, Florida cate, have become a difficulties facing
Fl	ne older youth in the loster care system. lorida Youth SHINE has succeeded in influencing positi	ve change on a
4 - 1) (Povonuo \$
łC ((Code:) (Expenses \$ including grants of \$) (veneure 2)
		,
	Ollows and the Collection Ollows (Decoding to Collection Ollow	
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	١
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 756,955	

	Checklist of Required Schedules		Yes	No
1 ls	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		1.03	1.10
	omplete Schedule A	1_1_	x	
	s the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
	old the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	andidates for public office? If "Yes," complete Schedule C, Part I	3		X
	ection 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	lection in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	ļ
5 Is	the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	ssessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			١
	art III	5		Х
	id the organization maintain any donor advised funds or any similar funds or accounts for which donors			l
h	ave the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			۱.,
	/es," complete Schedule D, Part I	6		X
	id the organization receive or hold a conservation easement, including easements to preserve open space,	۱.		٠,
	e environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
D	id the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	١.		٠,
	omplete Schedule D, Part III	8		X
	id the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	ustodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	9		x
	ebt negotiation services? If "Yes," complete Schedule D, Part IV			
	id the organization, directly or through a related organization, hold assets in temporarily restricted	10		x
	andowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V			
	the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	II, VIII, IX, or X as applicable. id the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	50000000	*****	500000
		11a	X	
	omplete Schedule D, Part VI			
	its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	id the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	id the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	ported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
Di	d the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	id the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
th	e organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
a Di	d the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	chedule D, Parts XI and XII	12a	<u> </u>	
W	as the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	e organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
	d the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	d the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	ndraising, business, investment, and program service activities outside the United States, or aggregate	445		v
	reign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X
	d the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	4.5		x
	ganization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		
	d the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	16		X
	individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	10		
	d the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		х
	art IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	"		
	d the organization report more than \$15,000 total of fundraising event gross income and contributions on	18		X
Pa	art VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<u>""</u>		
	d the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		X
	"Yes," complete Schedule G, Part III	1		X
u a Di	d the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		

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

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V 3 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 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 X If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Х organization solicit any contributions that were not tax deductible as charitable contributions? ĥа If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a and services provided to the payor? If "Yes." did the organization notify the donor of the value of the goods or services provided? Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was 7с required to file Form 8282? Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9a Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations.Enter: Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts.ls the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

Forr	m 990 (2012) Florida's Children First, Inc. 52-2372998				Page 6
P	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be	low, and fo	or a "	No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu	ule O. See	instr	uctior	
	Check if Schedule O contains a response to any question in this Part VI				X_
Sec	ction A. Governing Body and Management				
		1	***********	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	29			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b 2	28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct		İ		l
	supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				
	one or more members of the governing hody?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	at a literature or a service of the other than the organization of		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow	vina:			
			8a	x	annonnon .
a	Fight and the state of the stat		8b	Х	
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		 +		
9			9		х
800	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Code			
Sec	tion B. Policies (This Section B requests information about policies not required by the internal reven	uc ocac.		Yes	No
40-	Did the assessment as here been shown because of offlictor?		10a		X
10a	Did the organization have local chapters, branches, or affiliates?	· · · · · · · · · · · · · · · ·	104	\dashv	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		11a	х	—
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?		I I d		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	8	42-	x	.0000000000
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	·····	12b	╼┼	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		.	. ,	
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b	X	200000000000000000000000000000000000000
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?	L	16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?		16b	i	
Sect	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ FL				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)				
10	available for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website Upon request Other (explain in Schedule O)				
40	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,				
19					
00	and financial statements available to the public during the tax year.				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Christina L. Spudeas 1801 University Drive				
-	77 00011	954-	704	5-0°	360
Co	oral Springs FL 330/1	272	, 50	<u>, , , , , , , , , , , , , , , , , , , </u>	, 5 0

_	_		_	_	_	^	^	^	_	
5	2	_	7	. 1	- /	~	У	9	8	

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

Check if Schedule O contains a response to any question 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 organizations compensated any current officer, director, or trustee.

(A) Name and Tille	(B) Average hours per week (list any	bo of	ix, unli ficer a	Pos check ess po	erson	than on is both a or/trustee	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(***2/1033 MIGG)	organization and related organizations
(1) David Bazerman										
Director	4.00	x						0	0	0
(2) Rebecca Bell										
	4.00								_	0
Director	0.00	X		ļ	<u>L</u>	\perp	_	0	0	
(3) Theodore Babbitt										
	4.00							_	o	o
Director	0.00	X		<u>.</u>	_	├ ─├-		0		
(4) Dick Batchelor										
	4.00							o	o	0
Director	0.00	X	⊢	\vdash	⊢	+-+	_			
(5) Walter Campbell	4.00				l					
	0.00	X			ļ			o	0	0
Director (6) Justin Taylor	0.00	1		-	╁─	+	_			
(6) Justin Taylor	4.00									
Director	0.00	X						o	0	0
(7) Richard Filson	0.00_	†**			一	1 1				
(/)RIGHALA IIIO	4.00	1		ļ	İ					_
Director	0.00	X	ļ	}				0	0	0
(8) Nathan Cook										
•	4.00							_		
Director	0.00	X			<u> </u>			0	0	0
(9) Melissa Lader Ba	rnhardt]							
	4.00	.							_	0
Director	0.00	X		<u> </u>	ļ_	↓ 		0	0	
(10) Denise Manning										,
	4.00							o	O	0
Director	0.00	X	<u> </u>	-	├	++	-			
(11) Carlos Martinez	4 00									
	4.00	x						0	0	0
Director	0.00	Τ.Α	<u> </u>	<u></u>	<u> </u>			<u> </u>	<u> </u>	Form 990 (2012)

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

Check if Schedule O contains a response to any question in this Part VII

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

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.

Charles have the property of t

or any relate	d org	aniz			ompe	nsa	teo any currer	t onicer, director	, or trustee.
1			•	•				·	
(B)	, -				s than o		(D)	(E)	(F)
Average hours per week (list any hours for related organizations below dotted	box, office	unles er an	s pe d a d	rson irect	is both or/trust	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
	î ê	ustee			ansated				-
4.00			1				0	0	
4.00			Г						
	1		L.,				0	0	
	-		-						
-			-						
			T			_			
	_		-						
	(B) Average hours per week (list any) hours for related organizations below dotted line) 4.00	(B) Average hours per week (list any hours for related organizations below dotted line) 4.00	(B) Average hours per week (list any hours per velated organizations below dotted line) 4.00 4.00	(B) Average hours per week (list any hours for related organizations below dotted line) 4.00	(B) Average hours per week (list any hours for related organizations below dotted line) 4.00 (C) Position (do not check move tox, unless person officer and a direct or clied of related organizations below dotted line) 4.00 4.00	(B) Average hours per week (list any hours for related organizations below dotted line) 4.00 (C) Position (do not check more than of box, unless person is both officer and a director/trust element of related organizations below dotted line) 4.00 4.00 (do not check more than of box, unless person is both officer and a director/trust element of related organizations below dotted line) 4.00 4.00	(B) Average hours per week (list any hours for related organizations below dotted line) 4.00 (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (T) (N) (N) (N) (N) (N) (N) (N) (N) (N) (N	(B) Average hours per week (list any hours for related organizations below dotted line) 4.00 (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) Reportable compensation from the organization of the organization in the organization with the organization of the organiza	(B) Average hours per week (list any) hours for related organizations below dotted line) 4.00 4.00 (b) Reportable compensation from related organizations below dotted line) 4.00 (c) To the kills and a director/trustee) of related organizations below dotted line) 4.00 (d) To the kill in a line in a

FCF 08/04/2013 10:19 AM 52-2372998 Form 990 (2012) Florida's Children First, Inc. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employee(continued) Part VII (F) (A) (D) Position Estimated Name and title Average Reportable Reportable hours per (do not check more than one compensation compensation from amount of box, unless person is both an from related other week organizations compensation (list any officer and a director/trustee) organization (W-2/1099-MISC) from the hours for Institutional related (W-2/1099-MISC) organization idividual trustee mployee and related organizations employee organizations below datted line) (12) Bernard Perlmutter 4.00 0 0.00 X 0 Director (13) Julie Talenfeld 4.00 0 0 0.00 X 0 Director (14) Jesse Diner 4.00 0 0 0 0.00 X Director (15) Christina Zawisza 4.00 0 0 0 0.00 X Director (16) Veronica Robinson 4.00 0 0 0 0.00 X Director (17) Jodi Seitlin 4.00 0 0 0 0.00 X Director (18) Richard Slawson 4.00 0 0 0.00 X 0 Director (19) Joel Fass 4.00 0 0 0.00 0 Director 3,000 106,385 Total from continuation sheets to Part VII, Section A 3,000 106,385 Total (add lines 1b and 1c). Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated 3 X 3 employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such X 4 individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual X for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) Compensation (A) Name and business address Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

A.00 Director	Part VII Section A. Officer	s, Directors, Tr	uste	es, K	ey E	mp	loye	es, a	and Highest Compensate	d Employee(continued)	
Competence Com	•	Average hours per week (list any	b	ox, un	Po: check less p	sition more erson	is both	n an	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
Director (13) Todd McPharlin 4.00 Director (10) Todd McPharlin 4.00 Director 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0		related organizations below dotted	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-2 1033-MISS)	organization and related
(13) Todd McPharlin Director (14) Edith Osman 4.00 Director (15) Angelica Palank 4.00 Director (15) Angelica Palank 4.00 Director (16) Assack 4.00 Secretary (10) Osman Vice President 4.00 Vice President		.	v						0	0	
Director (14) Edith Osman 4.00 Director 0.00 X 0.00 X 0.00 X 0.00 C(15) Angelica Palank Director 0.00 X 0.00 X 0.00 C(15) Jay Kassack 4.00 Secretary 0.00 X 0.00 C(16) Jay Kassack 4.00 Vice President 0.00 X 0.00 C(16) Jay Kassack 4.00 Vice President 0.00 X 0.00 C(16) Jay Kassack 4.00 C(16) Jay		0.00_						<u> </u>	0	0	
(14) Edith Osman		.									,
A		0.00	X		.				0	0	
Director (15)Angelica Palank 4.00 Director (0.00 X 4.00 Secretary (17)Gloria Fletcher 4.00 Vice President (10)00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(14) EQI CH OSMAN	4.00		i							
A . 00 X 0 0 0 0 0 0 0 0		L	x						0	0	
Director (16) Jay Kassack 4.00 Secretary 0.00 X 0.00 X 0.00 O CI(7) Gloria Fletcher 4.00 Vice President 0.00 X 0.00 CI(8) Christina Spudeas 4.00 Treasurer 0.00 X 0.00 X 106,385 0.3,000 Executive Director 0.00 X 106,385 3,000 Executive Director 0.00 X 106,385 3,000 Executive Director 0.00 X 106,385 3,000 Ib Subtotal 1 Total quader of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual sends on line 1a, is the sum of reportable compensation from the organization is 1s any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual sends on line 1a, is in the sum or feportable compensation and other compensation from the organization is reportable compensation from the organization is reportable compensation from the organization is reportable compensation from the organization is reportable compensation from the organization is reportable compensation from the organization is reportable compensation from the organization is reportable compensation from the organization is reportable compensation from the organization is reportable compensation from the organization is reportable compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Description of independent contractors 2 Total number of independent contractors (including but not limited to those listed above) who	(15)Angelica Palank	4.00									
Secretary 0.00		. <i>.</i>	х						0	0	C
Vice President 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(16) Jay Kassack	4.00									
Vice President	Secretary	0.00	<u> </u>		X				0	0	0
Vice President 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(17)Gloria Fletcher	4 00				i		i			
(18) Gerald Reiss 4.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Vice President				\mathbf{x}			ļ	o	o	0
Treasurer (19) Christina Spudeas 40.00 Executive Director 0.00 X 106,385 0 3,000 1b Sub-total 1 Total from continuation sheets to Part VII, Section A 1 Total from continuation sheets to Part VII, Section A 1 Total qadd lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization b 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and related organization are greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 6 For any individual (in the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? If "Yes," complete Schedule J for such person 6 Section B. Independent Contractors 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. (C) Name and business address 2 Total number of independent contractors (including but not limited to those listed above) who								i			
Executive Director 0.00 x 106,385 0 3,000 1b Sub-total	Treasurer	0.00			x				0	0	0
Sub-total	(19)Christina Spudea										
10 Sub-total 10 Total (add lines 1b and 1c) 10 Total (add lines 1b and 1c) 10 Total (add lines 1b and 1c) 10 Total (add lines 1b and 1c) 11 Total (add lines 1b and 1c) 12 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 10 Total (add lines 1b and 1c) 11 Total (add lines 1b and 1c) 12 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual listed on line 1a; is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual states on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person section B. Independent Contractors 10 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation (C) Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	Progratine Divertor				- [v	İ	106 385	0	3.000
total from continuation sheets to Part VII, Section A	·	0.00	L	1	1		<u> </u>			<u></u>	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes No and the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Services and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual I		ets to Part VII, S	Secti	on A			I	• [
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individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	4 For any individual listed on line	1a, is the sum of	геро	rtabl	e coi	nper	nsatio	on ar	nd other compensation from	the	
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Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	5 Did any person listed on line 1a	receive or accru	e coi	nper	rsatio	on fro	om ai	าу แก	nrelated organization or indi	vidual	e
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Name and business address Description of services Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who	Complete this table for your five	highest compen	sate	d indesation	epen	dent	cont	racto	ors that received more than year ending with or within th	\$100,000 of e organization's tax year.	
2 Total number of independent contractors (including but not limited to those listed above) who									Description	(B) on of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		 									
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization			_		-						
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	****										
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization			_				\dashv				
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	 .	···									
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization											
	2 Total number of independent co	ntractors (includi	ng bi	ut no	t limi	ted to	o tho	se lis	sted above) who		

<u>36</u>,796

796,891

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII. (A) Total revenue (B) Related or (D) Revenue Unrelated business excluded from tax exempt function under sections revenue 512, 513, or 514 revenue 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 760,095 1f 303,194 g Noncash contributions included in lines 1a-1f: 760,095 h Total. Add lines 1a-1f. Program Service Revenue Busn. Code f All other program service revenue g Total. Add lines 2a-2f. ▶ 3 Investment income (including dividends, interest, 36,796 36,796 and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ii) Personal (i) Real 6a Gross rents b Less: rental exps. C Rental inc. or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory b Less: cost or other basis & sales exps. c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Busn. Code Miscellaneous Revenue 11a d All other revenue Total. Add lines 11a-11d

Florida's Children First, Inc. 52-2372998 Form 990 (2012)

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 to any question in this Part IX (D) (A) Total expenses (B) Program service (C) Do not include amounts reported on lines 6b, Fundraising Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. 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) 401,440 331,294 25,974 44,172 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees): Management 267,185 267,185 b Legal 3,750 3,750 7,500 15,000 C Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 25,050 25,050 (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 1,541 21,653 14,935 5.177 13 Office expenses 364 364 6,557 7,285 Information technology 14 15 Royalties 962 961 19,227 17,304 Occupancy 16 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 39,368 1.325 1,326 36,717 Conferences, conventions, and meetings 19 Interest Payments to affiliates 21 678 611 34 33 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.) 30,000 30,000 Public awareness/educat 28,073 9,457 18,616 Special events 4,747 4,747 Investment fees 177 177 1,540 1,186 Dues/fees/licenses e All other expenses 42,510 61,781 861,246 756,955 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)

Form 990 (2012)

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X ... (A) End of year Beginning of year 200 200 1 Cash--non-interest bearing 67,218 39,938 2 Savings and temporary cash investments 22,500 3,010 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L 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 6 organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 1,000 11,233 Prepaid expenses and deferred charges ______ 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

10b 28,000 26,639 1,361 1,340 10c 461,729 494,808 11 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 577,809 <u>526,728</u> 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 22,749 11,775 17 Accounts payable and accrued expenses 17 18 18 Grants payable 2,300 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, 22 iabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 11,775 25,049 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. Net Assets or Fund Balances 343,686 404,004 27 Unrestricted net assets 27 157,993 162,030 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 501,679 566,034 33 Total net assets or fund balances 577,809 526,7<u>28</u> 34 Total liabilities and net assets/fund balances

Form 990 (2012)

orn	n 990 (2012) Florida's Children First, Inc. 52-2372998			Pa	ige 12
******	art XI Reconciliation of Net Assets	_			
04-95000	Check if Schedule O contains a response to any question in this Part XI.	<u></u>	. <u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7		891
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u> 246</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>355</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	6 <u>6,</u>	034
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	5	01,	<u>679</u>
P.	art XII Financial Statements and Reporting		_		,
02000	Check if Schedule O contains a response to any question in this Part XII	<u></u>	<u></u>		
	OHOOK II OSHOGIJO O OSHAGA CA CA CA CA CA CA CA CA CA CA CA CA CA			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
22	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	l	X
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	,			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b	X	ļ
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				
_	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	X	L
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
2.	Scriedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
sa			3a		X _
L	the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
Ŋ	II Tes, tild tile organization undergo tile required doubt or additor if the organization are the second of the		1	1 3	i

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

3b

Form 990 (2012)

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. ➤ See separate instructions.

OMB No. 1545-0047

2012

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

Pa	irti i	eason for Publ	ic Charity	Status (Ali organizai	tions must c	ompiete	this pa	art.) Se	e Insti	ucuon	S.			
The c	organization	not a private found	ation because	it is: (For lines 1 through	11, check only	one box.)		• •						
1	A churc	n, convention of chui	rches, or asso	ciation of churches descri	bed in sectio r	170(b)(1)(A)(i).							
2	A school	l described in sectio	on 170(b)(1)(A)(ii).(Attach Schedule E.))									
3	A hospi	al or a cooperative h	ospital servic	e organization described in	section 170	(b)(1)(A)(i	ii).							
4	A medi	al research organiza	ition operated	in conjunction with a hosp	ital described	n section	170(b)(1)(A)(iii)	.Enter	the hosp	ital's n	ame,		
	city, an	state:												
5	An orga	nization operated for	the benefit of	a college or university ow	ned or operate	d by a gov	vernmen	tal unit d	escribe	d in				
	section	170(b)(1)(A)(iv).(C	omplete Part	II.)	•									
6				vernmental unit described	in section 17	0(b)(1)(A)	(v).							
7				ubstantial part of its suppo				m the ge	eneral p	ublic				
		d in section 170(b)			J			J	•					
8				70(b)(1)(A)(vi).(Complete	Part II.)									
9	:	=		more than 33 1/3% of its		ontribution	ıs, memt	ership fe	es, and	d gross				
				ot functions-subject to cer										
				l unrelated business taxab										
		-		, 1975. See section 509(a										
10				clusively to test for public										
11		_	•	clusively for the benefit of	-			carry or	ut the					
ı	. , -	=	-	d organizations described	-					ction				
		•		e type of supporting organ										
		Гуре I b	Type II		ctionally integ			Тур		on-functi	onally	integrat	ed	
e			_	nization is not controlled di	• -						•	•		
- 1	, •		•	than one or more publicly	-									
		າ 509(a)(2).												
f			written detern	mination from the IRS that	it is a Type I. 7	vpe II, or	Type III s	supportir	ıg					
•		ion, check this box												1
g	Since A	gust 17, 2006, has t	he organizatio	n accepted any gift or con										
9		persons?	-			,								
		•	indirectly con	trols, either alone or togetl									Yes	No
					her with persor	is describe	ed in (ii) :	and						
			DOG YOU GIO D									110(i)	100	
				upported organization?								11g(i)		
h			rson describe	upported organization? d in (i) above?						,		11g(ii)		
		% controlled entity of	rson describe of a person de	upported organization? d in (i) above? scribed in (i) or (ii) above?						,				
/IL N	Provide	% controlled entity of the following informa	rson describe of a person de tion about the	upported organization? d in (i) above? scribed in (i) or (ii) above? supported organization(s).		······································		· · · · · · · · · · · · · · · · · · ·			11g(ii) 11g(iil)		arv
(1)		% controlled entity of the following informa	rson describe of a person de tion about the	upported organization? d in (i) above? scribed in (i) or (ii) above?). (iv) Is the		(v) Did y	you notify nization in	(vi) organizat	Is the		11g(ii)	of monet	ary
4 (I)	Provide Name of support	% controlled entity of the following informa	rson describe of a person de tion about the	upported organization? d in (i) above? scribed in (i) or (ii) above? supported organization(s (iii) Type of organization (described on lines 1–9 above or IRC section). (iv) Is the in col. (i)	organization	(v) Did y the organ	you notify nization in of your	(vi) organizat (i) organi	Is the tion in col. ized in the		11g(ii) 11g(iil) Amount d	of monet	ary
1 (I)	Provide Name of support	% controlled entity of the following informa	rson describe of a person de tion about the	upported organization? d in (i) above? scribed in (i) or (ii) above? supported organization(s (iii) Type of organization (described on lines 1-9	(iv) Is the in cal. (i) governing	organization listed in your document?	(v) Did y the organ col. (i)	you notify nization in of your port?	(vi) organizal (i) organi U.	Is the tion in col. ized in the		11g(ii) 11g(iil) Amount d	of monet	ary
	Provide Name of support	% controlled entity of the following informa	rson describe of a person de tion about the	upported organization? d in (i) above? scribed in (i) or (ii) above? supported organization(s (iii) Type of organization (described on lines 1–9 above or IRC section). (iv) Is the in col. (i)	organization listed in your	(v) Did y the organ	you notify nization in of your	(vi) organizat (i) organi	Is the tion in col. ized in the		11g(ii) 11g(iil) Amount d	of monet	ary
(I) h	Provide Name of support	% controlled entity of the following informa	rson describe of a person de tion about the	upported organization? d in (i) above? scribed in (i) or (ii) above? supported organization(s (iii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the in cal. (i) governing	organization listed in your document?	(v) Did y the organ col. (i)	you notify nization in of your port?	(vi) organizal (i) organi U.	Is the tion in col. ized in the		11g(ii) 11g(iil) Amount d	of monet	ary
(A)	Provide Name of support	% controlled entity of the following informa	rson describe of a person de tion about the	upported organization? d in (i) above? scribed in (i) or (ii) above? supported organization(s (iii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the in cal. (i) governing	organization listed in your document?	(v) Did y the organ col. (i)	you notify nization in of your port?	(vi) organizal (i) organi U.	Is the tion in col. ized in the		11g(ii) 11g(iil) Amount d	of monet	ary
	Provide Name of support	% controlled entity of the following informa	rson describe of a person de tion about the	upported organization? d in (i) above? scribed in (i) or (ii) above? supported organization(s (iii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the in cal. (i) governing	organization listed in your document?	(v) Did y the organ col. (i)	you notify nization in of your port?	(vi) organizal (i) organi U.	Is the tion in col. ized in the		11g(ii) 11g(iil) Amount d	of monet	агу
(A) (B)	Provide Name of support	% controlled entity of the following informa	rson describe of a person de tion about the	upported organization? d in (i) above? scribed in (i) or (ii) above? supported organization(s (iii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the in cal. (i) governing	organization listed in your document?	(v) Did y the organ col. (i)	you notify nization in of your port?	(vi) organizal (i) organi U.	Is the tion in col. ized in the		11g(ii) 11g(iil) Amount d	of monet	ary
(A) (B)	Provide Name of support	% controlled entity of the following informa	rson describe of a person de tion about the	upported organization? d in (i) above? scribed in (i) or (ii) above? supported organization(s (iii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the in cal. (i) governing	organization listed in your document?	(v) Did y the organ col. (i)	you notify nization in of your port?	(vi) organizal (i) organi U.	Is the tion in col. ized in the		11g(ii) 11g(iil) Amount d	of monet	ary
(A) (B) (C)	Provide Name of support	% controlled entity of the following informa	rson describe of a person de tion about the	upported organization? d in (i) above? scribed in (i) or (ii) above? supported organization(s (iii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the in cal. (i) governing	organization listed in your document?	(v) Did y the organ col. (i)	you notify nization in of your port?	(vi) organizal (i) organi U.	Is the tion in col. ized in the		11g(ii) 11g(iil) Amount d	of monet	ary
(A) (B) (C)	Provide Name of support	% controlled entity of the following informa	rson describe of a person de tion about the	upported organization? d in (i) above? scribed in (i) or (ii) above? supported organization(s (iii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the in cal. (i) governing	organization listed in your document?	(v) Did y the organ col. (i)	you notify nization in of your port?	(vi) organizal (i) organi U.	Is the tion in col. ized in the		11g(ii) 11g(iil) Amount d	of monet	ary
(A) (B) (C) (D)	Provide Name of support	% controlled entity of the following informa	rson describe of a person de tion about the	upported organization? d in (i) above? scribed in (i) or (ii) above? supported organization(s (iii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the in cal. (i) governing	organization listed in your document?	(v) Did y the organ col. (i)	you notify nization in of your port?	(vi) organizal (i) organi U.	Is the tion in col. ized in the		11g(ii) 11g(iil) Amount d	of monet	ary
(A)	Provide Name of support	% controlled entity of the following informa	rson describe of a person de tion about the	upported organization? d in (i) above? scribed in (i) or (ii) above? supported organization(s (iii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the in cal. (i) governing	organization listed in your document?	(v) Did y the organ col. (i)	you notify nization in of your port?	(vi) organizal (i) organi U.	Is the tion in col. ized in the		11g(ii) 11g(iil) Amount d	of monet	ary
(A) (B) (C) (D)	Provide Name of support	% controlled entity of the following informa	rson describe of a person de tion about the	upported organization? d in (i) above? scribed in (i) or (ii) above? supported organization(s (iii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the in cal. (i) governing	organization listed in your document?	(v) Did y the organ col. (i)	you notify nization in of your port?	(vi) organizal (i) organi U.	Is the tion in col. ized in the		11g(ii) 11g(iil) Amount d	of monet	ary

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (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.)

Calendar year (or fiscal year beginning in)	760,095	5,206,213 5,206,213
membership fees received. (Do not include any "unusual grants.") 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 1,451,710 1,152,000 871,737 970,671		
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 1,451,710 1,152,000 871,737 970,671 5 The portion of total contributions by	760,095	5,206,213
furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 1,451,710 1,152,000 871,737 970,671 5 The portion of total contributions by	760,095	5,206,213
5 The portion of total contributions by	760,095	5,206,213
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.		5,206,213
Section B. Total Support	·	
Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011	(e) 2012	(f) Total
7 Amounts from line 4 1,451,710 1,152,000 871,737 970,671	760,095	5,206,213
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 IV.)		<u>.</u>
11 Total support. Add lines 7 through 10		5,206,213
12 Gross receipts from related activities, etc. (see instructions)	12	36,796
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)		
organization, check this box and stop here		<u></u> ▶
Section C. Computation of Public Support Percentage		
Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	100.00%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	100.00%
Public support percentage from 2011 Schedule A, Part II, line 14 33 1/3% support test—2012.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check the	nis	. (==
box and stop here. The organization qualifies as a publicly supported organization		 ▶ X
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more,		
check this box and stop here. The organization qualifies as a publicly supported organization		▶ ∐
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is		
10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in		
Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		▶ □
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line		
15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.		
Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly		<u>.</u>
supported organization		▶ []
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		▶ □

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

(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.)

Sec	ction A. Public Support	•		•	• • •		
Cale	ndar year (or fiscal year beginning in)▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) 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						
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						
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	· · · · · · · · · · · · · · · · ·						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support				<u> </u>		
Cale	ndar year (or fiscal year beginning in)▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
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 IV.)					_	
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	organization's first.	second, third, fourth	, or fifth tax year a	s a section 501(c)(3)	
•	organization, check this box and stop here					<u></u>	b
Sec	tion C. Computation of Public Su	pport Percenta	ge				<u>.</u>
15	Public support percentage for 2012 (line 8,	column (f) divided b	y line 13, column (i))		15	<u></u> %
16	Public support percentage from 2011 Sche			<u> </u>		<u>16</u>	<u>%</u>
	tion D. Computation of Investmer					T T	
17	Investment income percentage for 2012 (lin						<u>%</u>
8	Investment income percentage from 2011 \$	Schedule A, Part III,	line 17				<u>%</u>
9a	33 1/3% support tests—2012.If the organ						▶ []
L	17 is not more than 33 1/3%, check this box 33 1/3% support tests—2011. If the organ						Fil
b	line 18 is not more than 33 1/3%, check this						▶ □
	Private foundation. If the organization did					mzauon	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047 2012

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

Open to Public
Inspection

Department of the Treasury Internal Revenue Service

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 Parts I-A and C below. Do not 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) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

• ;	Section 501(c)(4), (5), or (6) organizations: Complete Part III	•			
Nai	ne of organization Florida's Children F	irst, Inc.		Employer identifica	98
Рa	t I-A Complete if the organization is exen	npt under section 501(c)	or is a sectio	n 527 organization	
1	Provide a description of the organization's direct and indire	ct political campaign activities in	Part IV.		
2	Political expenditures			▶\$. ,
3	Volunteer hours				
Pa	t I-B Complete if the organization is exen	npt under section 501(c)(3).		
1	Enter the amount of any excise tax incurred by the organiz	ation under section 4955		▶ \$	
2	Enter the amount of any excise tax incurred by organization	n managers under section 4955		▶ \$	
3	If the organization incurred a section 4955 tax, did it file Fo				
4a	Was a correction made?				
b	If "Yes " describe in Part IV				
	t I-C Complete if the organization is exem	npt under section 501(c),	except section	on 501(c)(3).	
1	Enter the amount directly expended by the filing organization			·	
	activities			▶ \$	
2	Enter the amount of the filing organization's funds contribut	ed to other organizations for sect	ion		
	527 exempt function activities	=		▶ \$	
3	Total exempt function expenditures. Add lines 1 and 2. Enter	er here and on Form 1120-POL,			
	line 17b			▶ \$	□ Vos □ No
4	Did the filing organization file Form 1120-POL for this year	?			Yes No
5	Enter the names, addresses and employer identification nu	mber (EIN) of all section 527 poli	tical organizations	to which the filing	
•	organization made payments. For each organization listed,				
	the amount of political contributions received that were pror				
	as a separate segregated fund or a political action committee				
	(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)					
\$)					
5)					
				*	

2a Lobbying nontaxable amountb Lobbying ceiling amount (150% of line 2a, column(e))

c Total lobbying expenditures

 d Grassroots nontaxable amount
 e Grassroots ceiling amount (150% of line 2d, column (e))
 f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2012 Flor	ida's Child	ren First,	Inc.	52-237299	8 Page 2
Part II-A Complete if the organ	nization is exemp	t under section 5	01(c)(3) and	filed Form 5768 (el	ection under
section 501(h)).			····		
A Check 🕨 🗌 if the filing organiza	•				oup member's
name, address, Ell					
B Check ▶ 🦳 if the filing organiza	ation checked box	A and "limited con	trol" provision	s apply.	
Limits on L (The term "expenditure	obbying Expendits" means amounts	tures paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence					
b Total lobbying expenditures to influence					
c Total lobbying expenditures (add lines 1a					
e Total exempt purpose expenditures (add				•	
f Lobbying nontaxable amount. Enter the a					
columns.		3			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	ble amount is:			
Not over \$500,000	20% of the amount on I	ine 1e.			
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of t	he excess over \$500,000.			
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of ti	he excess over \$1,000,000.			
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	e excess over \$1,500,000.			
Over \$17,000,000	\$1,000,000.				
g Grassroots nontaxable amount (enter 25	% of line 1f)				
h Subtract line 1g from line 1a. If zero or les					
i Subtract line 1f from line 1c. If zero or les					
j If there is an amount other than zero on e				· · · · · · · · · · · · · · · · · · ·	
reporting section 4911 tax for this year?					Yes No
	4-Year Averagii	ng Period Under	Section 501(3) 	L - 8
(Some organizations th	nat made a section	n 501(h) election	do not nave	to complete all of t	ne rive
columns b	elow. See the inst	tructions for line	s 2a through	2f on page 4.)	· ·
Lol	bbying Expenditu	res During 4-Yea	r Averaging	Period	
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
·· ···································	 		 		

Schedule C (Form 990 or 990-EZ) 2012

52-2372998

Page 3

(election under section 501(h)). For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed		(a)		(b)		
or each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed escription of the lobbying activity.	Yes	No		Amo	ount	
1 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:						
a Volunteers?	<u>X</u>					
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?		X			~ -	^^
g Direct contact with legislators, their staffs, government officials, or a legislative body?					24,	000
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X				
i Other activities?		X		_	0.4	~~
j Total. Add lines 1c through 1i					24,	UU
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X				
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?			•			
eart III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5), or	sect	ion			
501(c)(6).	·				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				1	 	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?				3		
art III B. Complete if the organization is exempt under section 501(c)(4), section 501				<u> </u>	J	<u> </u>
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"				. line	3. is	
answered "Yes."				,		
1 Dues, assessments and similar amounts from members		1				
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of						
political expenses for which the section 527(f) tax was paid).						
a Current year	[2a				
b Carryover from last year		2b				
c Total		2c				
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
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?	ľ	4				
Taxable amount of lobbying and political expenditures (see instructions)		5				
					_	
art IV Supplemental Information	_4_4					
	ated group					
mplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affili	ateo group					
	ateo group					
mplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affili	ated group					
omplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affilial); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information. Schedule C, Part II-B, Line 1				_		
implete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affili); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.		ıti	es (o f		
implete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affilial); Part II-A, line 2; 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 di					
omplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affilial); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information. Schedule C, Part II-B, Line 1	the di				n	
Implete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affilial); Part II-A, line 2; 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 which included in some part the attempt to influence leg	the du	ion	tha	at i		
implete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affilial); Part II-A, line 2; 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 du	ion	tha	at i		
omplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate); Part II-A, line 2; 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 which included in some part the attempt to influence legithe opinion of the organization would improve child welf	the during the design of the d	ion erv	tha ices	at i		
Implete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affilial); Part II-A, line 2; 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 which included in some part the attempt to influence leg	the during the design of the d	ion erv	tha ices	at i		

Schedule C (Form 990 or 990-EZ) 2012 FIORICA'S CHILDREN FIRST, Inc.	52-23/2998	Page 4
Part IV Supplemental Information (continued)		
hearings and educate on the subject of a bill.		
mearings and educate on the subject of a bill.		
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		.,.,
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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. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Vamo	e of the organization		Employer Identification number
ਜ	Florida's Children First, Inc.		52-2372998
	art I Organizations Maintaining Donor Advised Fund organization answered "Yes" to Form 990, Part IV,		
•		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		<u> </u>
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that th	e assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusi		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing	iting that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor a	advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
P.	art II Conservation Easements. Complete if the organi	ization answered "Yes" to Form 99	0, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all	that apply).	
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically impo	rtant land area
	Protection of natural habitat	Preservation of a certified historic s	tructure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation	tion contribution in the form of a conservation	on
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure include	ed in (a)	_2c
d	Number of conservation easements included in (c) acquired after 8/17/06,	and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, exting	uished, or terminated by the organization o	luring the
	tax year ▶		
4	Number of states where property subject to conservation easement is local	ıted ▶	
5	Does the organization have a written policy regarding the periodic monitori	ing, inspection, handling of	
	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	
	>		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cons	servation easements during the year	
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section 170(h)(4)(B)	
	(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements		
	balance sheet, and include, if applicable, the text of the footnote to the orga	anization's financial statements that describ	es the
22000	organization's accounting for conservation easements.		
Pa	Organizations Maintaining Collections of Art, Hi Complete if the organization answered "Yes" to For		illar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to	report in its revenue statement and baland	ce sheet
	works of art, historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherand	e of
	public service, provide, in Part XIII, the text of the footnote to its financial st	atements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to rep	oort in its revenue statement and balance s	heet
	works of art, historical treasures, or other similar assets held for public exh		
	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 oth	er similar assets for financial gain, provide	the
	following amounts required to be reported under SFAS 116 (ASC 958) rela		
а	Revenues included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 000, Part Y		▶ \$

1a Beginning of year balance
 b Contributions
 c Net investment earnings, gains, and losses
 d Grants or scholarships
 e Other expenditures for facilities and

programs

f Administrative expenses

g End of year balance

b Permanent endowment ▶ _____ %

a Board designated or quasi-endowment ▶ %

c Temporarily restricted endowment ► %

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Sche	edule D (Form 990) 2012 Florida's Children First, Inc. 52-237299	98		Page 2
35133555	art III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar	Assets	(continued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of it collection items (check all that apply):			
а	Public exhibition d Loan or exchange programs			
b	Scholarly research e Other	,		
С	Preservation for future generations			
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Provide a description of the organization art			
	XIII.			
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar			3
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	<u></u>	Yes	No
Pa	Int IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to	Form 99	0, Part IV,	
	line 9, or reported an amount on Form 990, Part X, line 21.			
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not			
	included on Form 990, Part X?		Yes	No
b	If "Yes," explain the arrangement in Part XIII and complete the following table:		 	
	<u> </u>		Amount	
С	Beginning balance	1c		
d	Additions during the year	1d		

(b) Prior year

e Distributions during the year

f Ending balance

(a) Current year

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

2a Did the organization include an amount on Form 990, Part X, line 21?

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

T	he percentages in lines 2a, 2b, and 2c should e	equal 100%.					
3a A	re there endowment funds not in the possessio	n of the organization that a	re held and administered for th	ie			
OI	ganization by:				_	Yes	No
(i	unrelated organizations				3a(i)	<u> </u>	<u> </u>
(ii						↓	<u> </u>
b If	"Yes" to 3a(ii), are the related organizations list					<u> </u>	
4 D	escribe in Part XIII the intended uses of the org	anization's endowment fun	ds	<u></u>	<u>.</u>		
Part							
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Bool	c value	
1a La	and						
b B	uildings						
c Le	easehold improvements						
	quipment	· · · · · · · · · · · · · · · · · · ·	28,000	26,639		<u> </u>	<u>361</u>
	ther	<u> </u>					361
Total A	dd lines 1a through 1e. (Column (d) must egua	il Form 990. Part X. column	(B), line 10(c).)			Ι,	201

No

(e) Four years back

(d) Three years back

Schedule D (Fo	orm 990) 2012	Florida's Cl	nildren F	'irst,	Inc.	52-2372998	Page :
Part VII	Investment	s—Other Securities					
		cription of security or category			(b) Book value	, ,	d of valuation:
	ni)	cluding name of security)				Cost or end-o	-year market value
(1) Financial d	erivatives						
(2) Closely-he	ld equity interest	s					
(3) Other							
(A)			,,				
(Þ)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					<u> </u>
							
(F)							<u> </u>
(G)				1			······
. ,					- 		
<u>(I)</u>				_			
Total. (Column	(b) must equal F	orm 990, Part X, col. (B) li	ne 12.)	OO Dort	V line 12		
Part VIII	Investment	s—Program Related	i. See Form 9	90, Part_		(c) Melho	d of valuation:
	(a) De	scription of investment type			(b) Book value		year market value
			-		<u> </u>		
(1)						- 	
(2)				-			
(3)							
(4)							
(5)							
(6)							
(8)		-					
(9)		-					
(10)							
	(b) must equal F	orm 990, Part X, col. (B) li	ne 13.)	-			
Part IX		ts. See Form 990, Pa		— L u 			
			(a) Description				(b) Book value
(1)							
(2)						<u> </u>	
(3)			_				
(4)							
(5)							
(6)						···········	
(7)		<u> </u>					
(8)					 		
(9)							
(10)							<u> </u>
	(b) must equal F	orm 990, Part X, col. (B) lii	ne 15.)	<u></u>	<u></u>	_	
Part X		ities. See Form 990,	Part X, line 2	b	a t Bard value		
1		Description of fiability			(b) Book value	\dashv	
` '	come taxes		<u> </u>	_	<u> </u>	\dashv	
(2)						\dashv	
(3)			<u></u>		 .	_	
(4)						\dashv	
(5) (6) (7)			·			-	
(6)						\dashv	
(7)			 .			-	
(8)						-	
(9)				- -		\dashv	
(10)		_ 		-		-	
(11)	4.	000 D-w3/1 /D3/5	25)	+-		\dashv	
Total. (Column	(b) must equal F	orm 990, Part X, col. (B) lir	ne 25.)				

Schedule D (Form 990) 2012 Florida's Children First, I	nc. 52	-2372998	Page 4
Part XI Reconciliation of Revenue per Audited Financial State	ments With Revenu	ie per Return	
Total revenue, gains, and other support per audited financial statements		1	796,891
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	<u> </u>
3 Subtract line 2e from line 1		3	796,891
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	4a		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			796,891
Part XII Reconciliation of Expenses per Audited Financial State	ements With Expen	ses per Return	
Total expenses and losses per audited financial statements		1	861,246
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments			
c Other losses	1 20 1		
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1			861,246
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	J I		
		4c	
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			861,246
Part XIII Supplemental Information			
Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also con information.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. See separate instructions. Open To Public Inspection

Employer identification number

Part I	Florida's Children Excess Benefit Transaction	15 (section 501)					only).	23729					
	Complete if the organization answer						90-EZ, Part V, line	40b.					
1	(a) Name of disqualified person	(b) Relati	onship between dis		ed per	son and	(c) Description of t	ransactio	on		Yes) Corre	cled?
/4)			organizatio	on							168	+	110
<u>(1)</u> <u>(2)</u>		-									†	十	
(3)											\top	\neg	
(4)													
(5)		:										\bot	
(6)												\bot	
2 Enter the under se 3 Enter the	e amount of tax incurred by the organizection 4958 e amount of tax, if any, on line 2, above	ration managerse, reimbursed by	or disqualified the organization	perso in	ons d	uring the year		. ► \$. ► \$	<u> </u>				
Part II	Loans to and/or From Interest Complete if the organization answere			V, lin	e 38	a or Form 990, P	art IV, line 26; or	if the					
	organization reported an amount on	Form 990, Part >											
(a) Name of inte	erested person	(b) Relationship with organization	(c) Purpose of loan	or fro	oan to om the g.?		(f) Balance due	(g) In	default?	by bo	oproved pard or mittee?		Vritten ement
	···			То	From			Yes	No	Yes	No	Yes	No
(1)													
						·							
(2)	· ·	-		 -				<u> </u>					T
(3)				+		<u> </u>		-					\vdash
(4)				 -									╁
(5)				<u> </u>								<u> </u>	<u> </u>
(6)				<u> </u>									_
(7)													_
(8)				_									
(9)			·						_				
(10)						. <u></u>			_	***************************************			
Total	· · · · · · · · · · · · · · · · · · ·			,		<u>.</u> ▶ \$							
Part III	Grants or Assistance Benef Complete if the organization answere	iting Interested "Yes" on Form	t ed Persons 1990, Part I <u>V, I</u>	3. ine 2	7.								
	(a) Name of interested person	1 ' '	ship between intere and the organization		(c) An	nount of assistance	(d) Type of assistance		(e)	Purpose	e of assi	stance	
(1)				•									
(2)								 					
(3)								+-					
(4)	<u> </u>							+					
(5)			.					\top					
(6)					_								
(8)													

(9)

Schedule L (F	orm 990 or 990-EZ) 2012					Pa	age 2
Part IV	Business Transactions Involving In	terested	Persons.	001 00-			
	Complete if the organization answered "Yes" on (a) Name of interested person	(b) Relat	Part IV, line 28a ionship between d person and the	(c) Amount of transaction	(d) Description of transaction	(e) S of reve	haring org. nues?
			ganization			Yes	No
(1) McKee	Communications	Board	Member		Consulting		Х
(2)							
(3)							_
(4)					<u> </u>		
(5)		 				+	-
(6) (7)				<u> </u>			
(8)							
(8) (9)							
10)					<u> </u>		
Part V	Supplemental Information						
	Complete this part to provide additional informat	tion for respo	onses to questio	ns on Schedule L (see	e instructions).		
		<u> </u>				·	
				· · · · · · · · · · · · · · · · · · ·			
					<u> </u>		
					<u> </u>		
				<u>.</u>	<u>. </u>	-	
	<u> </u>						
		<u></u>					
-					<u></u>	_	
							
							_
						_	
					<u> </u>		
				· <u>-</u>			

SCHEDULE M (Form 990) ·

Noncash Contributions

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

Open To Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Florida's Children First, Inc.

Employer identification number 52-2372998

P	ert I Types of Property						
		(a) Check if	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of determining		
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution amo	unis	
1	Art—Works of art						
2	Art—Historical treasures						
3	Art—Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities—Publicly traded				·		
10	Securities—Closely held stock						
11	Securities—Partnership, LLC,						
	or trust interests			······································			
12	Securities—Miscellaneous						
13	Qualified conservation						
	contribution—Historic						
	structures				 		
14	Qualified conservation						
	contribution—Other						
15	Real estate—Residential						
16	Real estate—Commercial						
17	Real estate—Other						
18	Collectibles	_					
19	Food inventory						
20	Drugs and medical supplies					 	
21	Taxidermy		·				
22	Historical artifacts	_					
23	Scientific specimens						
24	Archeological artifacts			202 104			
25	Other ► (X	14	303,194			
26	Other ►()						
27	Other ► (
28	Other ► (
29	Number of Forms 8283 received by the						
	which the organization completed For	m 8283, Pa	art IV, Donee Acknowledg	jement [29	Yes	No
					o.u	162	NO
30a	During the year, did the organization r	eceive by	contribution any property	reported in Part I, lines 1–2	8 that		
	it must hold for at least three years fro					00-	X
	used for exempt purposes for the entire		period?			30a	
b	If "Yes," describe the arrangement in I						
31	Does the organization have a gift acce					24	X
	contributions?					31	 ^
32a	Does the organization hire or use third					225	x
	contributions?					32a	
b	If "Yes," describe in Part II.				t also d		
33	If the organization did not report an an	nount in co	olumn (c) for a type of pro	perty for which column (a) is	s cnecked,		
	describe in Part II					anno contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la c	4000000000

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

• Attach to Form 990 or 990-EZ.

2012

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Florida's Children First, Inc.

Employer identification number 52-2372998

Form 990 - Organization's Mission or Most Significant Activities 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

Name of the organization

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support in making improvements. Often we achieve change by training 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

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positive changes in the system to help our children. FCF is operated, amazingly, by a small but mighty staff of 6, 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 \$4,500,000 in professional services. FCF has trained over 11,825 people across Florida on important issues concerning our children. Florida's Children First has received over 8,400 hours of pro bono (free) hours from lawyers across the state. We have also provided over 55,300 hours of youth advocacy and training, provided 18 educational publications on children's rights, and filed 24 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 16 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

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

countless citizens about issues and solutions for children in care.

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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

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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. The 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 Howard Talenfeld Julie 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.

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization Florida's Children First, Inc.	Employer identification number 52–2372998
Form 990, Part VI, Line 12c - Enforcement of C	Conflicts Policy
Annual review of policies by operations commit	tee and the full Board.
Form 990, Part VI, Line 15a - Compensation Pro	
Annual review by the operations committee and	the full board.
Form 990, Part VI, Line 15b - Compensation Pro	cess for Officers
Annual review by the operations committee and	the full board.
Form 990, Part VI, Line 19 - Governing Documen	ts Disclosure Explanation
No documents available to the public	
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FCF Florida's Children First, Inc.

52-2372998

Federal Statements

8/4/2013 10:19 AM

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FYE: 12/31/2012

Taxable Dividends from Securities

Description

Unrelated Exclusion Postal Acquired after

Amount Business Code Code Code 6/30/75 Obs (\$ or %)

Dividends and interest

\$ 18,660

Unrealized gain on investment

18,136

Total

36,796

Federal Statements

FCF Florida's Children First, Inc. 52-2372998 FYE: 12/31/2012

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Fund Raising	vs	\$
Management & General	w	\$
Program Service	\$ 15,030 10,020	\$ 25,050
Total Expenses	\$ 15,030 10,020	\$ 25,050
Description	Professional Other Professional Other	Total

Federal Statements

FCF Florida's Children First, Inc. 52-2372998 FYE: 12/31/2012

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Description	Amount
Other contributed services	\$ 1.400
Contributions	179,651
Colodny, Fass, Talenfeld, Karlinsky, Aba	1000
Legal services	95.840
Reynolds Family Foundation	<u> </u>
Cash Contribution	000.8
John & Nellie Bastein Memorial	
Cash Contribution	5,000
Seitlin Law Firm	
	25,000
Grossman Ross PA	000
Cash Contribution	000
Boardroom Communications	
Public relations work	30 000
Babbitt Johnson Osborne & LeClainche	
Cash Contribution	001 3
Ralph Holden	00+70
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White & Case LLP	
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Holland & Knight	
Legal services	21.469
Florida Bar Foundation	1
Cash Contribution	184.640
Gloria Fletcher	
	36.000
Moore Ellrich Neil PA	
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National Association for Public	
Cash Contribution	008.00
Arthur Moore Foundation	
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Federal Statements

FCF Florida's Children First, Inc. 52-2372998 FYE: 12/31/2012

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Amount	ক	5,000		5,000		5,000		5,850		16,750		8,750		14,487		7,500		5,000	\$ 760,095
Description	Community Foundation of Broward	Cash Contribution	G4S Secure Solutions USA	Cash Contribution	United Automobile Insurance Group	Cash Contribution	Jim Dickson	Legal	Claire Law Offices	Legal	Alten & Congro	Legal	Greenberg Traurig	Legal	Legal Assistance	Legal	Gerald Reiss	Accounting	Total

Schedule A, Part II, Line 12

Amount	৵	18,660	18,136	\$ 36,796
Description	Other	Dividends and interest	Unrealized gain on investment	Total

8868

(Rev. January 2013) Department of the Treasury

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-1709

Internal Revenue Service X If you are filing for an Automatic 3-Month Extension, complete only Part and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part (on page 2 of this form). Do not complete Part II unlessyou have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or print 52-2372998 Florida's Children First, Inc. Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions. File by the 1801 University Drive due date for City, town or post office, state, and ZIP code. For a foreign address, see instructions. filing your return. See FL 33071-8920 Coral Springs instructions 01 Enter the Return code for the return that this application is for (file a separate application for each return) Return Return Application Application Code Is For Code Is For 07 Form 990-T (corporation) 01 Form 990 or Form 990-EZ 08 Form 1041-A 02 Form 990-BL 09 Form 4720 03 Form 4720 (individual) 10 Form 5227 04 Form 990-PF 11 Form 6069 05 Form 990-T (sec. 401(a) or 408(a) trust) 12 Form 8870 06 Form 990-T (trust other than above) 1801 University Drive Coral Springs FL 33071 The books are in the care of ▶ Christina Spudeas Telephone No. ▶ 954-796-0860 FAX No. **>** ______ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15/13 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ X calendar year 2012 or tax year beginning ______, and ending ______ If the tax year entered in line 1 is for less than 12 months, check reason: Final return Initial return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 3a nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 3b estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using 3с EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions