Forms 990 / 990-EZ Return Summary

For calendar year 2013, or tax year beginning

, and ending

52-2372998

Florida's Children First, Inc.

4	E 062		
4	E 0.00		
4	<u>.5,062</u>		
1	11,000		
	.1,728		
	<u> </u>		
		967,790	
4	3,522		
6	<u>1,079</u>		
		990,355	
		_	-22,565
		_	
nt End of Year			479,114
		=	4,0,22.
		-	110/122
		Reconciliation of Ex	
	Total expenses (Reconciliation of Experiments	rpenses
967,790	Total expenses Less:		rpenses
		per financial statements	rpenses
	Less:	per financial statements vices	rpenses
	Less: Donated ser	per financial statements vices	rpenses
	Less: Donated ser Prior year a	per financial statements vices	rpenses
	Less: Donated ser Prior year au Losses	per financial statements vices	rpenses
	Less: Donated ser Prior year at Losses Other	per financial statements vices djustments	rpenses
967,790	Less: Donated ser Prior year ac Losses Other Pfus:	per financial statements vices djustments	990,355
	Less: Donated ser Prior year at Losses Other Plus: Investment of	per financial statements vices djustments	rpenses
967,790	Less: Donated ser Prior year at Losses Other Plus: Investment of Other Total ex	per financial statements vices djustments expenses	990,355
967,790	Less: Donated ser Prior year at Losses Other Plus: Investment of Other Total ex	per financial statements vices djustments expenses expenses per return	990,355
967,790 967,790	Less: Donated ser Prior year at Losses Other Plus: Investment of Other Total ex Balance Sheet Ending	per financial statements vices djustments expenses	990,355
967,790	Less: Donated ser Prior year at Losses Other Plus: Investment of Other Total ex	per financial statements vices djustments expenses expenses per return	990,355
	6	885,754 43,522 61,079	967,790 885,754 43,522 61,079 990,355

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Department of the Treasury Internal Revenue Service

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

Do not enter Social Security numbers on this form as it may be made public.

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

2013 Open to Public Inspection

OMB No. 1545-0047

<u>A</u>	For the	<u>e 2013 calendar year, or tax year beg</u>	inning		, and ending				
В	Check if a	pplicable: C Name of organization					□ □	Emplo	yer identification number
П	Address o	thange Flo	rida's	Childre	en First, In	c			
Ħ	Name cha	Doing Business As						52	-2372998
님	iwaneuna	Number and street (or P.O. box if ma	il is not delivere	d to street addre	rss)		Room/suite E	Teleph	ione number
Ш	Initial retur	m 1801 University	Drive					954	4-796-0860
П	Terminated			oreign postal cod	e				
Ħ			•		3071-8920		ا	Cenan en	peipts \$ 967,790
닏	Amended	F Name and address of principal officer		ב נות	3071-0920		1	Gross rec	
Ш	Application	n pending	•				H(a) Is this a group	return for s	subordinales? 🔲 Yes 🗶 No
							H(b) Are all subordi	inataa inali	rded? Yes No
									(see instructions)
						_		aut a list.	(See Illandons)
1	Tax-exem			(insert no.)	4947(a)(1) or	527			
J	Website:	floridaschildren:	<u>first.</u>	org			H(c) Group exempti	on numbe	
ĸ	Form of o	organization: X Corporation Trust	Association	Other 🕨		L,	Year of formation: 200	02	M State of legal domicile: FL
F	Part I	Summary			•				
		Briefly describe the organization's mission	n or most s	ionificant act	ivities:				
_		See Schedule O							*************************
ဦ									• • • • • • • • • • • • • • • • • • • •
ī			· · · · · · · · · · · · · · · ·				. ,		,
Governance	_ `					# 050/			
တိ	2 0	Check this box ▶ ☐ if the organization				ore than 25%	or its net assets.	1 . 1	22
ᅄ		lumber of voting members of the govern						3	32
Activities		lumber of independent voting members						4	31
₹	5 T	otal number of individuals employed in o	alendar yea	ar 2013 (Part	V, line 2a)			5	8
귳	6 T	otal number of volunteers (estimate if ne	ecessary)			, , ,		6	317
_	7a T	otal unrelated business revenue from Pa	art VIII, colu	mn (C), line	12			7a	0
		let unrelated business taxable income fro						7b	0
							Prior Year		Current Year
-	8 C	Contributions and grants (Part VIII, line 1	h)			. .	760,	095	915,062
ž		rogram service revenue (Part VIII, line 2							41,000
Revenue		nvestment income (Part VIII, column (A),					36,	796	11,728
æ		Other revenue (Part VIII, column (A), lines						Ī	0
		otal revenue – add lines 8 through 11 (n					796,	891	967,790
		Grants and similar amounts paid (Part IX,						İ	0
	i .	enefits paid to or for members (Part IX,				· · · · · · · · · · · · · · · · · · ·			0
		•			(A) lines 5 10)	· · · · · · · · · · · · · · · · · · ·	401,	440	432,110
ŝ	15 5	alaries, other compensation, employee t	penenis (ra	re IX, Columnia	(A), lifles 5-10)				-132/110
Expenses		rofessional fundraising fees (Part IX, col			61,0	}			
Š		otal fundraising expenses (Part IX, colur					450	906	EEO 24E
ш	ł	ther expenses (Part IX, column (A), line					459,		558,245
		otal expenses. Add lines 13-17 (must ed					861,		990,355
	19 R	evenue less expenses. Subtract line 18	from line 12	<u></u>			-64,		-22,565
Net Assets or Fund Balances	1					-	Beginning of Current		End of Year
Set	20 To						526,		495,256
Z P	21 To							049	16,142
<u> </u>	22 No	et assets or fund balances. Subtract line	21 from lin	e 20 <u></u>	<u> </u>	<u> </u>	501,	679	479,114
_P	art II	Signature Block							
Ur	nder pena	alties of perjury, I declare that I have examine	d this return,	including acco	mpanying schedules ar	nd statements,	and to the best of my	knowled	ge and belief, it is
tru	ie, correct	t, and complete. Declaration of preparer (other	er than officer) is based on	all information of which	preparer has a	any knowledge.		
								1	
Sig	m	Signature of officer					- •	Date	
Hei	3	\							
пе		Type or print name and title							
	-+			Preparer's sign	an ira		Date	l ob seek	I PTIN
Der-	.	Print/Type preparer's name		i ichara a aini	to the same of			Check	□ "
Paid	<u> </u>	Maureen S. Fengler					05/12/14	•	loyed P01270054
		Firm's name > Sullivan					Firm's	EIN P	
Use	Only	3031 NE 2				_			
		Firm's address Fort Laud			33305-1825		Phone	no.	954-561-2826
May	the IRS	discuss this return with the preparer sh	own above	? (see instruc	ctions)	. <u></u>			Yes No

Form 99	0 (2013) Florida's	Children E	irst,	Inc.	52-237299	98	Page 2
Part					-		चर्र
	Check if Schedule	O contains a re	sponse or	note to any lin	ne in this Part III	<u> </u>	X
	efly describe the organization's	mission:					
See	Schedule O						
٠							
•							
A D :	1.4b				K.a.a.d a.a.d.a.		
	I the organization undertake any					Г	Yes X No
	or Form 990 or 990-EZ? Yes." describe these new service						00 [55]
	tes, describe triese new service. I the organization cease conduc		rant changes	in how it conduct	ts any program		
	-d0	ung, or mano organi	_			Г	Yes X No
	Yes," describe these changes of						
	scribe the organization's program		hments for e	ach of its three la	rgest program services,	, as measured by	
	penses. Section 501(c)(3) and 5						
the	total expenses, and revenue, if	any, for each progr	am service re	eported.			
4a (Co	ode:) (Expenses \$	374,	127 inclu	rding grants of \$) (Revenue \$,
	roving General	Child Wel:	fare				,
Flo	rida's Children	First is	the g	o-to orga	nization wh	en seeking solu	itions
to	problems in chi	ld welfare	e. FCI	? is acti	vely involv	ed in helping	<u>.</u>
pro	fessionals acros	ss Florida	join	together	to review	proposed agency	rules
and	to draft comme e doesn't compo	nts and s	ıggesti	lons, with	h the abili	ty to appeal if	the
rul	e doesn't compo	rt with th	ne law.	. FCF ta	kes the lea	d in presenting	ſ
tra	ining materials	during ea	ch ste	ep or the	process or	cnange, making	sure
	t the children						
	ues and progres						
of	which can be ea	sily and	freely	accessed	on our web	site for use by	all.
Flo	rida's Children	First als	o make	s the le	gal represe	ntation of chil	dren a
FCF haveff way sup bec You stre	roving Outcomes gives a voice e left care to ective tool in to make the sy port, structure, ome effective ac th SHINE (FYS). ong, credible ac older youth in rida Youth SHINE	for Older to the you become the improving stem bette guidance dvocates t FYS, wit	Youth th, te face outcomer. Flo and e chrough th 12 C	eaching c for all mes for o orida's C education its you chapters	hildren in issues, this lder youth. hildren Firsto empower the advocacy across the present the	s is the most Youth teach ust provides the children and yorganization, state, have been difficulties for the state of the control of the cont	who s the outh to Florida ome a acing
Ac (Co	de:) (Expenses \$		inclue	ding grants of \$) (Revenue \$	<u> </u>
(00	10. ,,,,,,,,,,) (Expenses #		n losur			,, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·
* * * *	***************************************					· , · , · · · · · · · · · · · · · · · ·	
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• • • • •	•••••						
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		<u> </u>					
	er program services. (Describe i						
	enses \$	including gr) (Revenue \$)	
4a Toto	l nmaram service expenses 🕨	×	85.754				

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

r	art IV Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1 1
•	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
2	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
_	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
-	to defease any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
~	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
6	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
•	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		х
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
•	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
В	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):			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
Ü	Schedule L. Part IV	28b		X
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
C	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
9	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
D	conservation contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		х
	Part			
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		X
	complete Schedule N, Part II			
3	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			
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,		İ	v
	or IV, and Part V, line 1			X
a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	0.54		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
•	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		İ	v
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
•	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	ļ	X
3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		1	
	19? Note. All Form 990 filers are required to complete Schedule O	38		(2013

14a

14b

Enter the amount of reserves on hand

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 0

X

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management					т
		1.	20		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	32	_		
	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			i		
	committee, explain in Schedule O.	l	21			
b	Enter the number of voting members included in line 1a, above, who are independent	1b_	31			
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					۱.,
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			. 3	<u> </u>	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	<u> </u>	X
6	Did the organization have members or stockholders?			. 6	<u> </u>	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 body?			_7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year to	y the fo	llowing:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u></u>		. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal Re	venue C	ode.)		
					Yes	No
0a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	form?		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	conflict	s?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
٠	describe in Schedule O how this was done			12c	x	
3	Did the appropriate have a written whichlighten are noting?			13	Х	
4	Did the organization have a written document retention and destruction policy?			14	Х	
5	Did the process for determining compensation of the following persons include a review and approval by					
5	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
_	The organization's CEO, Executive Director, or top management official			15a	x	
a				15b	Х	
Þ	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1		
e-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
6a	the above the control of the control			16a		X
	with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			100		
Ð	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
				16b		
	organization's exempt status with respect to such arrangements?		<u></u>	100		
	tion C. Disclosure Liet the states with which a copy of this Form 990 is required to be filed ▶ FI					_
7	List the states with whilst a copy of the form ood to required to be most	(2)0 00				
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c	(O)S ON	iy <i>)</i>			
	available for public inspection. Indicate how you made these available. Check all that apply.					
	Own website X Another's website X Upon request Other (explain in Schedule O)					
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	olicy, a	nd			
	financial statements available to the public during the tax year.					
0	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 Dri			4 50	- ^-	
Co	ral Springs FL 3307	I	95	4-79	3U-c	5 6 0

Springs

Form 990 (201	3) Florida's Children F	irst, Inc.	52-2372998	Page
Part VII			(ey Employees, Highest Compensa	ted Employees, and
	Independent Contractors			
	Check if Schedule O contains a res	ponse or note to	any line in this Part VII	
Section A.	Officers, Directors, Trustees, Key Emplo	yees, 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.

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

(A) Name and Title	(B) Average hours per week (list any hours for	bo	ix, unl ficer a	Pos check ess pe	erson	than on is both a or/trustee	e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) David Bazerman		┢								
	4.00	١							o	o
Director	0.00	X	<u> </u>	\vdash	_	\vdash		0		0
(2) Rosemary Armstro										
	4.00							o	0	o
Director	0.00	X	⊢	-		+		- 0		
(3) Theodore Babbitt										
	4.00 0.00	x						o	0	o
Director (4) Dick Batchelor	0.00	^	┝			+ +				
(4) DICK Batcheror	4.00									
Dimenton	0.00	х						o	0	o
Director (5) Walter Campbell	Jr	^	<u> </u>			1 1	-			
(5) Walter Campbell	4.00									
Director	0.00	х			Ì			ol	0	0
(6) Justin Taylor	0.00			-		1 1				
(0) 0 420 0211	4.00									
Director	0.00	х						o	0	0
(7) Richard Filson										
(.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4.00									
Director	0.00	Х						0	0	0
(8) Nathan Cook										
•	4.00									
Director	0.00	X						0	0	0
(9) Melissa Lader Ba	rnhardt					1 1				
	4.00									_
Director	0.00	X						0	0	0
(10) Denise Manning							İ			
	4.00							_	_	_
Director	0.00	X		L		 	_	0	0	0
(11) Carlos Martinez										
_ , , , ,	4.00							_	_	^
Director	0.00	X				LL		0	0	Form 990 (2013)

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mple	yee	s, ar	nd Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any	b	ox, uni	Pos check ess pe	erson i	than c s both or/truste	ลก	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimat amount other compens	ted t of f ation	
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1098-MISC)		from ti organiza and rela organizat	ation ated	
(12) Bernard Perlmutt	er 4.00		T										
Director	0.00	x						<u> </u>	0				0
(13) Julie Talenfeld	4.00												
Director	0.00	х						0	0				0
(14) Jesse Diner	4 00									İ			
Director	4.00 0.00	х		l				o	o				0
(15) Christina Zawisz		-	┢										
	4.00												^
Director Emeritus	0.00	X			_				0				0
(16) Janice LeClainch	4.00					li				Ì			
Director	0.00	X						0	0				0
(17) Jodi Seitlin	4.00									!			
Director	0.00	X						0	0				0
(18) Richard Slawson	4 00												
Director	4.00 0.00	х						0	o				0
(19) Joel Fass	4 00												
Director	4.00 0.00	x						0	0				0
1b Sub-total				.				106,384				2.	769
c Total from continuation sheet d Total (add lines 1b and 1c)	is to Part VII, S	ecuc	пΑ					106,384					769
2 Total number of individuals (incl				ose I	isted	abo	ve) v	who received more than \$10	30,000 in				
reportable compensation from t	he organization I	<u> </u>	1_									Yes	No
3 Did the organization list any for											3		x
employee on line 1a? If "Yes," of 4 For any individual listed on line organization and related organiz	1a, is the sum of	f rep	ortat	le co	mpe	nsati	on a	and other compensation from	n the		Ť		
individual									. ,		4	_	X
5 Did any person listed on line 1a for services rendered to the org	a receive or accru anization? If "Ye:	ue co s," co	ompe omple	nsati ete S	on fr iched	om a Jule .	iny u Jifor	unrelated organization of ind	iividuai		5		X
Section B. Independent Contractor	s												
Complete this table for your five compensation from the organization.	highest comper ation. Report com	isate ipens	d inc	leper 1 for	iden the	t con calen	tract dar i	ors that received more than year ending with or within the	s \$100,000 of the organization's tax year.				
	(A) business address							Descripti	(B) on of services		Соп	(C) pensatio	xnnx
						_				\dashv			
<u></u>									*				
	<u> </u>								.,				
				_									
Total number of independent correceived more than \$100,000 or	ntractors (including from the compensation of	ng b	ut no the r	t lim	ited izatio	to tho on ▶	se I	isted above) who	0				
DAA			\				-				Form	990	(2013)

Part VII Section A. Officers	, Directors, Tru	stee	s, K	еу Е	mple	yees	s, аг	nd Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any hours for	Dx Of	ox, unl	Pos check ess pe and a	erson i directo	than o	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estima: amoun other compens from ti	of etion	
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organiza and rek organizat	ited	
(12) Alan S. Levine	4.00									_			
Director	0.00	x						0	0				0
(13) Todd McPharlin	4.00												•
Director	0.00	Х	-	_	<u> </u>	Н		0	0		_		0
(14) Edith Osman	4.00								0				0
Director Palank	0.00	X	<u> </u>	-		Н		0	0				
(15) Angelica Palank	4.00	v						0	0				0
Director (16) Teresita Chavez	0.00 Pedrosa	Х		-		H							
Director	4.00	x						o	0				0
(17) John Schickel			-										
Director	4.00 0.00	x						o	0				0
(18) Joseph Stanton													
Director	4.00 0.00	x						О	0				0
(19) Howard Talenfeld	4.00												^
President	0.00			X		,		0	0				0
1b Sub-total	ts to Part VII. S	ectio	n A				>						
d Total (add lines 1b and 1c)							▶						
Total number of individuals (incl reportable compensation from t			to th	ose	isted	l abo	ve) v	who received more than \$10	00,000 in			Yes	No
3 Did the organization list any for	mer officer, direc	tor,	or tru	ıstee	key	/ emp	oloye	ee, or highest compensated			3	100	,,,,
employee on line 1a? If "Yes," of 4 For any individual listed on line organization and related organiz	1a, is the sum o	f rep	ortat	ole co	ompe	ensati	on a	and other compensation from	n the		_		
_									lividual		4	\dashv	
for services rendered to the org	anization? If "Ye	s," a	ompl	ete S	che	dule ,	J for	such person		,	5		
Section B. Independent Contractor 1 Complete this table for your five	S		d inc	long	odon	t con	tract	ore that received more than	\$100,000 of		-		
compensation from the organiza	tion. Report com	isate ipen:	satio	n for	the	calen	dar	<u>year ending with or within t</u>	ne organization's tax year.			(C)	
Name and	(A) business address							Descripti	(B) on of services		Con	(C) perisatio	ก
							_						
							•				•		
						-					· 		
2 Total number of independent co	ntractors (includi	ng b	ut no	ot lim	ited	to the	se l	isted above) who		\dashv			
received more than \$100,000 or	r compensation f	rom	me (лgar	uzatk	UII 🚩							

Part VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpk	oyee	s, ai	nd Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any	ix	ox, unl	Pos check less po	erson	than o is both or/trust	ลก	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estima amoun othe compens from i	ated at of er sation	
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(M-5) (099-MIOC)		organiza and rel organiza	ation ated	
(12) Jay Kassack	4.00												
Secretary	0.00			x				0		0			0
(13) Gloria Fletcher													
Vice President	4.00			x				0		0			0
(14) Gerald Reiss						İ							
	4.00		l			Ι.							
Treasurer	0.00	_	<u> </u>	X	<u> </u>	ļ		0		이			0
(15) Christina Spudea	40.00												
Executive Director	0.00		 	<u> </u>	<u> </u>	Х		106,384		0		2,	769
(16)													
		-								+-			
(17)													
(40)			\vdash						<u></u>	-			
(18)													
400										+-			
(19)													
1b Sub-total								106,384		 		2,	769
c Total from continuation shee										 			
d Total (add lines 1b and 1c) Total number of individuals (inc	luding but not lim					abo	ve) v	who received more than \$10	00,000 in				
reportable compensation from t												Yes	No
3 Did the organization list any for employee on line 1a? If "Yes,"	mer officer, direc	ctor, o	or tru	ıstee	, key	/ emp	oloye				3		
 For any individual listed on line organization and related organization 	1a, is the sum of	f rep	ortab	ie co	ompe	ensati	on a	and other compensation from plete Schedule J for such	n the	, ,			
individual 5 Did any person listed on line 1a									lividual		4		
for services rendered to the org	anization? If "Ye	s," cc	omple	ete S	Sche	dule .	J for	such person	· · · · · · · · · · · · · · · · · · ·		5		
Section B. Independent Contractor 1 Complete this table for your five		ocate	d inc	lonor	ndon	t con	tract	ore that received more than	\$100,000 of				
compensation from the organiza	ation. Report con	pens	sation	n for	the	calen	dar	<u>year ending with or within t</u>	ne organization's tax year.		-T	/C)	
Name and	(A) business address							Descripti	(B) on of services		Con	(C) nperisatio	on
											1		
			<u></u>					·					
2 Total number of independent co	ontractors (includi	ng b	ut no	t lim	ited	to the	ose l	isted above) who	·		 		
received more than \$100,000 o	f compensation f	rom	the c	rgan	izatio	on 🕨			·				

P	art \	/til Statement of Revenue Check if Schedule O contains a response of	r note to any line i	n this Part VIII		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from lax under sections 512-514
Service Revenue Contributions, Giffs, Grants	to de e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, grifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$ 1a	015 062			
enue C	2a	Total. Add lines 1a-1f Busn. Code Equal Justice	915,062 41,000	41,000		
am Service R	b c d					
Program	f g	All other program service revenue Total. Add lines 2a–2f	41,000			
	3 4 5	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties	11,728	11,728		
	6a b	(i) Real (ii) Personal Gross rents Less: rental exps.				
	c d 7a	Rental inc. or (loss) Net rental income or (loss) Gross amount from (i) Securities (ii) Other sales of assets	-			
	b	other than inventory Less: cost or other basis & sales exps.	* Company		·	
<u>ə</u>	c d 8a	Gain or (loss) Net gain or (loss) Gross income from fundraising events				
Other Revenue		(not including \$ of contributions reported on line 1c). See Part IV, line 18 a				
Q	C	Less: direct expenses b Net income or (loss) from fundraising events Foress income from garning activities.			<u></u>	
		See Part IV, line 19 a Less: direct expenses b Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances a Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code				
	11a b c					
	е	All other revenue Total. Add lines 11a–11d Total revenue. See instructions	967,790	52,728	0	0

Form 990 (2013)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b, Program service Management and general expenses expenses 7b, 8b, 9b, and 10b of Part VIII. 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) 22,324 34,655 350,116 293,137 Other salaries and wages 7 Pension plan accruals and contributions (include 828 497 8,282 6,957 section 401(k) and 403(b) employer contributions) 4,744 47,437 40,668 2,025 Other employee benefits 1,577 2,627 22,071 26,275 Payroll taxes Fees for services (non-employees): Management 324,557 324,557 Legal 3,800 3,800 7,600 15,200 Accounting 24,000 24,000 d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column 32,835 32,835 (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 12 14,358 5,218 1,125 20,701 Office expenses 13 327 6,533 5,878 328 Information technology 14 15 Royalties 978 19,573 17,616 979 Occupancy 16 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 1,181 38,172 1,181 40,534 Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 39 716 40 795 22 Depreciation, depletion, and amortization 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.) 33,969 33,969 Public awareness/educat 10,327 30,374 20,047 Special events 4,560 4,560 Investment fees 448 448 3,173 4,069 Dues/fees/licenses 545 545 e All other expenses 61,079 885,754 43,522 990,355 Total functional expenses. Add lines 1 through 24e 25 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 (2013) Florida's Children First, Inc. 52-2372998 Page 11 **Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 200 200 1 Cash—non-interest bearing 58,986 39,938 2 2 Savings and temporary cash investments 10,000 22,500 3 Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net Inventories for sale or use 1,126 1,000 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or 28,000 other basis. Complete Part VI of Schedule D 10a 27,434 <u>1,361</u> 566 _10b **b** Less: accumulated depreciation 461,729 424,378 11 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 14 14 Other assets. See Part IV, line 11 15 15 526,728 495,256 16 22,749 16,142 17 Accounts payable and accrued expenses 17 18 Grants payable 18 2,300 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 16,142 25,049 26 Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Balances 327,442 <u>343,686</u> 27 Unrestricted net assets 27 151,672 157,993 28 Temporarily restricted net assets 28 29 Fund Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here 6 complete lines 30 through 34. 30

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

495,256 Form 990 (2013)

479,114

31

32

33

501,679

526,728

30

32

om	n 990 (2013) Florida's Children First, Inc. 52-2372998			Pa	ige 12
	art XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u>	<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1			790
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>355</u>
3	Revenue less expenses. Subtract line 2 from line 1	1 2 1			<u>565</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		<u>5</u> 1	<u>01,</u>	<u>679</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments	1 1			
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	4'	<u>79,</u>	<u> 114</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		Ш.
				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.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				İ
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				ĺ
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<u> </u>	3b		
			Г оп	m 996	(2013)

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.

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

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

OMB No. 1545-0047 **2013**

Employer identification number

Open to Public Inspection

Florida's Children First, Inc. 52-2372998

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A school described in section 170(b)(1)(A)(ii). (Atlach Schedule F.)

1	Ш	A church, co	nvention of churches	s, or ass	ociatio	n or churches	described it	section	110(0)(1)	(A)(I)·							
2	П	A school des	cribed in section 1	70(b)(1)	(A)(ii).	(Attach Sched	ule E.)										
3	П	A hospital or	a cooperative hosp	tal servi	ce orga	anization descr	ribed in sec	tion 170(l	o)(1)(A)(ii	i).							
4	П	A medical re	search organization	operated	d in cor	njunction with	a hospital d	escribed in	section	170(b)(1)(A)(iii)	. Enter	the hosp	oital's nar	me,		
		city, and stat															
5	\Box	An organizat	on operated for the	benefit o	of a coll	lege or univers	sity owned o	or operated	by a gov	remment	al unit d	escribe	d in				
	ـــا	_	(b)(1)(A)(iv). (Comp				-	-									
6	П		ate, or local governm			nental unit des	cribed in se	ection 170	(b)(1)(A)	v).							
7	X		on that normally rec								m the a	eneral p	ublic				
•	ت	•	section 170(b)(1)(/				**********	3			•						
Q	\Box		trust described in s				molete Part	ш									
٥	Н	•	on that normally rec						ntribution	s memb	ership f	ees an	d aross				
,	تا		activities related to														
			gross investment in														
			he organization after							11 (0)()			•				
40			on organized and op							(a)(A)							
10	Н	-	on organized and op on organized and op								CSID4 OF	ıt the					
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f		-	check this box	en ueter	ППпацю	at nom me av	J triat it is a	i iype i, iy	rpe II, OI	type iii .	aupporte	'9					
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g				ryanizati	ion acc	epted any gift	Or Cortainat	jon nom a	iy or the								
		following per				sithar alaaa a	r togothar w	áth narcan	doscribo	din (ii)	and					Yes	No
			who directly or indi											1	11g(i)	100	
			v, the governing boo				OH?								11g(ii)		
			member of a persor												11g(iii)		
		-	ontrolled entity of a											l	rigginy		
h			following information	about tr	ne supi			6.A 1. H.		6A Did.		T 643	is the	6.40. 4		.1	
(i)		e of supported anization	(II) EIN		1	(iii) Type of orga (described on lin		1 ` '	organization sted in your		you notify nization in		is the tion in col.	(VII) A	supp	of monet ort	ағу
	ca gr	(a ji2cisca i				above or IRC s			document?		of your	117	ized in the		•		
						(see Instruction	опs))	 	T		port?	+	.S.?				
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Part II 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.)

Sec	ction A. Public Support							
	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	_	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,152,000	871,737	970,671	760,095	915,0)62	4,669,565
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 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	1,152,000	871,737	970,671	760,095	915,0	062	4,669,565
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4.			· †				4,669,565
	tion B. Total Support	L						
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013		(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,152,000	871,737	970,671	760,095	915,0	162	4,669,565
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.)							
11	Total support. Add lines 7 through 10						_	4,669,565
12	Gross receipts from related activities, etc. (see instructions)					2	52,728
13	First five years. If the Form 990 is for the organization, check this box and stop here		· · · · · · · · · · · · · · · · · · ·	, or fifth tax year as			******	•
	tion C. Computation of Public Su Public support percentage for 2013 (line 6, e			<u> </u>		1	4	100.00 %
14 15	Public support percentage for 2013 (line 6, 4) Public support percentage from 2012 Sched			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			5	100.00 %
16a	33 1/3% support test—2013. If the organization qualificati	ation did not check es as a publicly sup	the box on line 13, ported organization	and line 14 is 33 1	/3% or more, check	this	•	► X
b	33 1/3% support test—2012. If the organize check this box and stop here. The organize	ation qualifies as a p	oublicly supported o	organization				> 🗆
17a	10%-facts-and-circumstances test—201 10% or more, and if the organization meets Part IV how the organization meets the "factorganization"	the "facts-and-circu ts-and-circumstance	mstances" test, che s" test. The organia	eck this box and st e zation qualifies as a	op here. Explain in a publicly supported	.		▶ [7
b	10%-facts-and-circumstances test201 15 is 10% or more, and if the organization is Explain in Part IV how the organization medium.	If the organization meets the "facts-andets the "facts-and-cir	did not check a bo l-circumstances" test. T cumstances" test. T	ox on line 13, 16a, 1 st, check this box a The organization qu	16b, or 17a, and lin nd stop here. alifies as a publicly	e ,		. □
18	supported organization Private foundation. If the organization did instructions		line 13, 16a, 16b, 1	7a, or 17b, check ti	his box and see			. □

Page 3

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

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

Sec	tion A. Public Support					, ,	
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Giffs, 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						
	Add lines 7a and 7b					 - 	
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support					<u> </u>	
	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
С	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	<u> </u>					
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	n, or fifth tax year a	is a section 501(c)	(3)	,
-	organization, check this box and stop here			<u></u>			>
Sect	tion C. Computation of Public St	upport Percent	tage		·		
15	Public support percentage for 2013 (line 8,	column (f) divided i	by line 13, column (f))		15	%_
16	Public support percentage from 2012 Sche						%_
Sect	tion D. Computation of Investme						
17	Investment income percentage for 2013 (lii			olumn (f))			
8	Investment income percentage from 2012	Schedule A, Part III	, line 17			18	%
19a	33 1/3% support tests—2013. If the organ						. □
	17 is not more than 33 1/3%, check this bo	x and stop here. T	he organization qua	unies as a publicly	supported organiz	ation	········ P [
þ	33 1/3% support tests—2012. If the organ	nization did not chec	ck a box on line 14	or line 19a, and line	e 16 is more than :	33 1/3%, and	⊾ □
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did	not check a box or	1 III1e 14, 19a, or 19	D, CHECK THIS DOX A	ina see instructions	<u> </u>	

Schedule A (F	om 990 or 990-EZ) 2	2013 Florida's	Children	First, In	ac.	52-2372998 Part II, line 17a or 17	Page 4
Fail IV	Part III, line 12	. Also complete this	part for any addi	tional information	on. (See instru	ctions).	
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Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No. 1545-0047

Employer identification number

2013

Florida's Chi	ldren First, Inc.	52-2372998
Organization type (check on	e):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note. Only a section 501(c)(7) instructions. General Rule	overed by the General Rule or a Special Rule.), (8), or (10) organization can check boxes for both the General Rule and a Special i	Rule. See
_	ing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in recontributor. Complete Parts I and II.	money or
Special Rules		
under sections 509(a)	i) organization filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the regi (1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a co 00 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, lin II.	ontribution of
during the year, total of	r), (8), or (10) organization filing Form 990 or 990-EZ that received from any one concontributions of more than \$1,000 for use exclusively for religious, charitable, scientifies, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.	
during the year, contril not total to more than year for an exclusively	(i), (8), or (10) organization filing Form 990 or 990-EZ that received from any one con- butions for use exclusively for religious, charitable, etc., purposes, but these contribu- \$1,000. If this box is checked, enter here the total contributions that were received do religious, charitable, etc., purpose. Do not complete any of the parts unless the Ger ation because it received nonexclusively religious, charitable, etc., contributions of \$5	utions did furing the neral Rule 5,000 or
990-EZ, or 990-PF), but it mus	is not covered by the General Rule and/or the Special Rules does not file Schedule Is st answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Fo certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ	orm 990-EZ or on its

Name of organization
Florida's Children First, Inc.

Employer identification number 52-2372998

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (d) (a) Type of contribution Total contributions Name, address, and ZIP + 4 No. Colodny, Fass, Talenfeld, Karlinsky, Aba 1 Person 100 SE 3rd Avenue Payroll X 92,600 Noncash FL 33394 Fort Lauderdale (Complete Part II for noncash contributions.) (c) (d) (a) (b) Total contributions Type of contribution Name, address, and ZIP + 4_ No. 2 Seitlin Law Firm Person Payroll 233 East Bay Street X 31,250 Noncash FL 32202 Jacksonville (Complete Part II for noncash contributions.) (c) (d) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Boardroom Communications Person 3 Payroll 1775 N Pine Island Rd X 30,000 Noncash FL 33322 Plantation (Complete Part II for noncash contributions.) (c) (b) (a) Type of contribution Total contributions Name, address, and ZiP + 4 No. Person Ralph Holden 4 Payroll PO Box 6987 20,000 Noncash Deerfied Beach FL 33443 (Complete Part II for noncash contributions.) (d) (b) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. White & Case LLP 5 Person **Payroll** 200 Central Avenue Suite 1600 60,827 Noncash Miami FL 33131 (Complete Part II for noncash contributions.) (d) (c) (b) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. 6 Person Holland & Knight Payroll 50 North Laura Street 45,129 Noncash FL 33601 (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Employer identification number Name of organization 52-2372998 Florida's Children First, Inc. Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (d) (c) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 7 Florida Bar Foundation Person 250 South Oranage Ave Suite 600P Payroll 124,504 Noncash FL 32801 Orlando (Complete Part II for noncash contributions.) (c) (d) (b) (a) Type of contribution Name, address, and ZIP + 4 Total contributions No. Gloria Fletcher PA Person 8 4510 NW 6 Place Payroll 44,000 Noncash FL 32607 Gainsville (Complete Part II for noncash contributions.) (d) (b) (c) (a) Type of contribution Total contributions No. Name, address, and ZIP + 4 Person 9 McGee Foundation 5722 S Flamingo Rd Payroll 35,000 Noncash FL 33330 (Complete Part II for Cooper City noncash contributions.) (d) (b) (c) (a) Type of contribution Total contributions Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (C) (a) (b) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

	rganization ida's Children First, Inc.		52-2372998
Part II	Noncash Property (see instructions). Use duplicate	copies of Part II if additional	space is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	Legal services	s 77,600	12/31/13
a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	Legal services	s 31,250	12/31/13
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	Public relations work	s 30,000	12/31/13
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	Legal services	\$ 60,827	12/31/13
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	Legal services	s 45,129	12/31/13
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	Legal services	\$ 44 ,000	12/31/13

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete If the organization is described below.

Attach to Form 990 or Form 990-EZ.

2013

Open to Public Inspection

Department of the Treasury

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

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

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

Nan	e of organization Florida's Children F.	irst, Inc.		Employer identificat	98
Pai	t I-A Complete if the organization is exem	npt under section 501(c)	or is a section	n 527 organizat <u>io</u>	<u>n</u>
1	Provide a description of the organization's direct and indirect	ct political campaign activities in	Part IV.		
2	Political expenditures			> \$	
3	Volunteer hours		. , ,		
Pai	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 organiza	ation under section 4955		▶\$	
2	Enter the amount of any excise tax incurred by organization	managers under section 4955		▶ \$	<u></u> <u></u>
3	If the organization incurred a section 4955 tax, did it file Fon	m 4720 for this year?			
4a	Was a correction made?				Yes No
<u>_b</u>	If "Yes." describe in Part IV.				
Par	LI-C Complete if the organization is exen			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 contribute 527 exempt function activities			▶ \$	
3	Total exempt function expenditures. Add lines 1 and 2. Ente	er here and on Form 1120-POL,		******	
•	line 17b			▶ \$	
4	Did the filing organization file Form 1120-POL for this year?	?	,		Yes No
5	Enter the names, addresses and employer identification num	mber (EIN) of all section 527 poli	itical organizations t	o which the filing	
_	organization made payments. For each organization listed, e				
	the amount of political contributions received that were prom				
	as a separate segregated fund or a political action committee				
	(a) Name	(b) Address	(c) E∛N	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and promotly and directly
				funds. If none, enter -0	delivered to a separate
					political organization. If
			į		none, enter -0
1)				ł	
 2)					
2)					
3)					
4)				-	
			-		·
5)					
6)					
		<u> </u>			,

Sche	dule C (Form 990 or 990-EZ) 2013 Flori	da's Childr	en First,	Inc.	52-2372998	Page 2
	art II-A Complete if the organ	ization is exemp	t under section 5	01(c)(3) and f	iled Form 5768 (ele	ction under
	section 501(h)).					
4	Check ▶ ☐ if the filing organiza	tion belongs to an	affiliated group (a	nd list in Part	IV each affiliated gro	up member's
	name, address, EIN	l, expenses, and s	share of excess lo	bbying expend	itures).	
3	Check ▶ ☐ if the filing organiza	tion checked box	A and "limited con	trol" provisions	apply.	
	Limits on L	obbying Expendi	tures		(a) Filing	(b) Affiliated
	(The term "expenditures"	means amounts	oaid or incurred.)		organization's totals	group totals
1a	a Total lobbying expenditures to influence p	ublic opinion (grass roo	ots lobbying)			
t	Total lobbying expenditures to influence a	legislative body (direct	lobbying)			
C	Total lobbying expenditures (add lines 1a	and 1b)				
C	d Other exempt purpose expenditures					
e	 Total exempt purpose expenditures (add li 					
1	f Lobbying nontaxable amount. Enter the ar	nount from the followin	g table in both	Į.		
	columns.	· · · · · · · · · · · · · · · · · · ·		<u></u>		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxab	le amount is:	—————		
	Not over \$500,000	20% of the amount on lin	<u>1e.</u>	———- }		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of th				
	Over \$1,000,000 but not over \$1,500,000		e excess over \$1,000,000.	<u></u>		
	Over \$1,500,000 but not over \$17,000,000		excess over \$1,500,000.	———		
	Over \$17,000,000	\$1,000,000				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
g	•					
	Subtract line 1g from line 1a. If zero or les					
	Subtract line 1f from line 1c. If zero or less		lid the erganization file	L Eom 4720		
j	If there is an amount other than zero on ei					Yes No
	reporting section 4911 tax for this year?	·-	<u> </u>			
			ing Period Under S			
					complete all of the fiv	e
	columns	below. See the ins	structions for lines	2a through 2f	on page 4.)	
		obbying Expendits	ures During 4-Year	Averaging Per	iod	
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
	beginning my					
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount					
	(150% of line 2a, column(e))					<u> </u>
_	Tetal labbuing evacaditures					
C	: Total lobbying expenditures		<u> </u>			
اء.	Grassroots nontaxable amount					
						
8	Grassroots ceiling amount					
	(150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2013

f Grassroots lobbying expenditures

52-2372998 Florida's Children First, Inc. Schedule C (Form 990 or 990-EZ) 2013 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (b) (a) For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed No Amount description of the lobbying activity. During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Х Volunteers? Х b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? X c Media advertisements? X d Mailings to members, legislators, or the public? X e Publications, or published or broadcast statements? X f Grants to other organizations for lobbying purposes? 24,000 X g Direct contact with legislators, their staffs, government officials, or a legislative body? X h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? X I Other activities? 24,000 I Total. Add lines 1c through 1i X 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 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? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 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 b Carryover from last year 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? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, 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 duties of which included in some part the attempt to influence legislation that in the opinion of the organization would improve child welfare services by contacting individual legislators. FCF staff and Florida Youth Shine members are sometimes asked questions, provide information, testify at

Schedule C (Form 990 o	r 990-EZ) 2013	Florida	's Ch	ildren	First	, Inc.	52-2372998	Page 4
Part IV	Supplemental	Informatio	n (conti	nued)				
hearings	and educ	ate on	the s	ubject	of a	bill.		
						, ,		
			<i></i>					
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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.

OMB No. 1545-0047 Open to Public

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

Inspection

riame	of the organization		Zinpieyer individual individual in individual indi
H	lorida's Children First, Inc.		52-2372998
	art I Organizations Maintaining Donor Advised Fu	inds or Other Similar Funds or Ad	
•	Complete if the organization answered "Yes" to	Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
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		
-	funds are the organization's property, subject to the organization's exclu-		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor	or advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
Pa	art II Conservation Easements.	_	
	Complete if the organization answered "Yes" to I	Form 990, 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	
	Protection of natural habitat	Preservation of a certified historic	structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conser	vation contribution in the form of a conservation	
	easement on the last day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements	.,,,,,,	
b			
C	Number of conservation easements on a certified historic structure inclu		2c
d		16, and not on a	
3	Number of conservation easements modified, transferred, released, exti	inguished, or terminated by the organization of	ounng the
	tax year •		
4	Number of states where property subject to conservation easement is to		
5	Does the organization have a written policy regarding the periodic monitoristic and authorized by the consequents it holds?		Yes No
	violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing the staff and volunteer hours.		
6	Stail and volunteer mouts devoted to mountaining, inspecting, and constrain	ing conservation deconionic during the year	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing or	onservation easements during the year	
•	\$		
8	Does each conservation easement reported on line 2(d) above satisfy the	he requirements of section 170(h)(4)(B)	
•	(i) and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easeme	nts in its revenue and expense statement, an	đ
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that descrit	pes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of Art,	Historical Treasures, or Other Si	milar Assets.
	Complete if the organization answered "Yes" to F		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), no		
	works of art, historical treasures, or other similar assets held for public e		ce of
	public service, provide, in Part XIII, the text of the footnote to its financia		de contraction de la contracti
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	report in its revenue statement and balance s	eneet
	works of art, historical treasures, or other similar assets held for public e	exhibition, education, or research in turtherand	e o
	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	-the civiler agents for financial only provide	▶ \$
2	If the organization received or held works of art, historical treasures, or or		tile.
	following amounts required to be reported under SFAS 116 (ASC 958) r		> \$
	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
D	ASSES BRIDGED BY FURILIZED, FOILA	· · · · · · · · · · · · · · · · · · ·	r <u>. + </u>

Sche	edule D (Form 9 <u>90) 2013 </u>	s Children	<u>First, In</u>	nc	<u>52-23729</u>	<u> </u>		Page 2
Pa	art III Organizations Maintainir	g Collections of	Art, Historical	Treasures, o	r Other Simil	ar Assets	(continu	ıed)
3	Using the organization's acquisition, access collection items (check all that apply):	on, and other records,	check any of the fo	ollowing that are a	significant use of	its		
а	Public exhibition	d \square	Loan or exchange	programs				
b	H	e 📙						
C	H	_						
4	Provide a description of the organization's of	ollections and explain	how they further the	e organization's ex	cempt purpose in	Part		
	XIII.	,	•	•				
5	During the year, did the organization solicit	or receive donations of	f art, historical treas	ures, or other sim	ilar			_
-	assets to be sold to raise funds rather than						Ye	s No
Pa	art IV Escrow and Custodial A	rrangements.	<u>-</u>					
	Complete if the organization		' to Form 990, I	Part IV, line 9,	or reported as	n amount or	n Form	
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custoo	lian or other intermedia	ary for contributions	or other assets no	ot			_
	· · · · · · · · · · · · · · · · · · ·						Ye	s 🗌 No
b	If "Yes," explain the arrangement in Part XII			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	•						Amount	<u> </u>
С	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
	Ending balance					1f		
	Did the organization include an amount on F						Ye	s No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the exp	planation has been	provided in Part X	III			[
_	rt V Endowment Funds.	-						
	Complete if the organization	n answered "Yes"	to Form 990, F	Part IV, line 10) <u>. </u>		<u> </u>	
		(a) Current year	(b) Prior year	(c) Two year		nree years back	(e) Four	years back
1a	Beginning of year balance						<u> </u>	
	Contributions							
	Net investment earnings, gains, and		Ī					
_	losses						İ	
ч	Grants or scholarships						T	
	Other expenditures for facilities and						T	
•	programs							
f	Administrative expenses							
	End of year balance						Т	
	Provide the estimated percentage of the cur		(line 1g. column (a)) held as:				
	Board designated or quasi-endowment ▶		(,	,				
	Permanent endowment ▶ %							
	Temporarily restricted endowment ▶	%						
-	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse		on that are held and	d administered for	the		_	
	organization by:							Yes No
						, , , ,	3a(i)	
							3a(ii)	
ь	If "Yes" to 3a(ii), are the related organization						3b	
	Describe in Part XIII the intended uses of th							
Pa	rt VI Land, Buildings, and Equ	uipment.						
	Complete if the organizatio	n answered "Yes"	to Form 990, F	art IV, line 11	a. See Form 9	90, Part X,	line 10.	
	Description of property	(a) Cost or other I		t or other basis	(c) Accumulate		(d) Book	
		(investment)		(other)	depreciation			
1a	Land							
	Buildings	3						
	Leasehold improvements							
	Equipment			28,000	27	,434		566
	Other							
	Add lines 1a through 1e. (Column (d) must	equal Form 990. Part >	(, column (B), line 1	O(c).)		▶		566

	Investments—Other Securities. Complete if the organization answered "Yes" to	Form 990. Part IV. line	11b. See Form 990, Part X,	line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)		Cost or end-of-year marke	t value
(1) Financial	derivatives			
	eld equity interests			
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Fotal. (Colum	n (b) must equal Form 990, Part X, col. (8) line 12.) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" to F	orm 990, Part IV, line	11c. See Form 990, Part X,	line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuatio	n:
			Cost or end-of-year market	value
(1)	···			
(2)				
(3)				
(4)				
(5)				<u>-</u> .
(6)				
(7)				
(8)				
(9)				
Fotal. (Column	(b) must equal Form 990, Part X, col. (B) line 13.) ▶	<u> </u>		
Part IX	Other Assets.			
	Complete if the organization answered "Yes" to F	orm 990, Part IV, line	11d. See Form 990, Part X,	
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Fotal. (Column				·····
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" to F	form 990, Part IV, line	11e or 11f. See Form 990, P	art X,
	line 25.	·•		
) <u>. </u>	(a) Description of liability	(b) Book value		
(1) Federal	ncome taxes			
(2)		ļ		
		1		
(3)		<u> </u>		
(3) (4)				
(3) (4) (5)				
(3) (4) (5) (6)				
(2) (3) (4) (5) (6) (7) (8)				
(3) (4) (5) (6) (7)				
(3) (4) (5) (6) (7) (8) (9) (otal. (Column	(b) must equal Form 990, Part X, col. (B) line 25.) ▶			
(3) (4) (5) (6) (7) (8) (9) otal. (Column	(b) must equal Form 990, Part X, col. (B) line 25.) ► uncertain tax positions. In Part XIII, provide the text of the footnotability for uncertain tax positions under FIN 48 (ASC 740). Chec	ote to the organization's finan	cial statements that reports the	

Sche	dule D (Form 990) 2013 Florida's Children First, Inc	c. <u>5</u> 2	?-2372998 <u> </u>	Page 4
	art XI Reconciliation of Revenue per Audited Financial Stateme	ents With Rever	ue per Return.	
	Complete if the organization answered "Yes" to Form 990, P			
1	Total revenue, gains, and other support per audited financial statements		<u>1</u>	967,790
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	The second secon			
С				
d				
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	<u>967,790</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	067 700
			5	967,790
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	nents With Expe	nses per Keturn.	
	Complete if the organization answered "Yes" to Form 990, P.	art IV, line 12a.	 	990 355
	Total expenses and losses per audited financial statements		1	990,355
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
	Donated services and use of facilities	l l		
	Prior year adjustments			
	Other losses			
	Other (Describe in Part XIII.)		2e	
	Add lines 2a through 2d		3	990,355
3	Subtract line 2e from line 1	[]	·····	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a		
а	Investment expenses not included on Form 990, Part VIII, line 7b	70		
_	Other (Describe in Part VIII.)	l 4h		
	Other (Describe in Part XIII.)		4c	
C	Add lines 4a and 4b		4c 5	990,355
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			990,355
c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information		5	990,355
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1a and	ines 1b and 2b; Part \	/, line 4; Part X, line	990,355
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lint XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	ines 1b and 2b; Part \	/, line 4; Part X, line on.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1a and	ines 1b and 2b; Part \	/, line 4; Part X, line on.	
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5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	ines 1b and 2b; Part \ ny additional informati	/, line 4; Part X, line	
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Schedule D (Fo	orm 990) 2013	Florida's	Children	First,	Inc.	52-2372998	Page 5
Part YIII	Supplemen	Florida's tal Information ((continued)			· · · · · · · · · · · · · · · · · · ·	
t tit 700	<u>ouppionos</u>	ital monthation (00111111000)				
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SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

Open To Public Inspection

Employer identification number

Name of the organization 52-2372998 Florida's Children First, Inc. Types of Property Part I (c) (d) (a) (b) Noncash contribution Check if Method of determining Number of contributions of amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art — Works of art 1 Art — Historical treasures Art — Fractional interests 3 Books and publications Clothing and household 5 goods Cars and other vehicles Boats and planes 7 Intellectual property Securities — Publicly traded 9 Securities - Closely held stock ... 10 11 Securities — Partnership, LLC, or trust interests Securities — Miscellaneous 12 Qualified conservation 13 contribution -- Historic structures Qualified conservation contribution — Other Real estate — Residential 15 Real estate -- Commercial 16 Real estate -- Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 369,408 X 25 Other ▶ (.....) Other ►(26 27 Other ► (28 Other ▶ (Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement No Yes During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be Х 30a used for exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 31 X 31 contributions? Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a contributions? b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

33

Schedule M (Form 9	90) (2013)	Flo:	rida's	Children	First,	Inc.	52-2372998	Page 2
Part II	the organ	ization	is reporti	ng in Part I, col	umn (b), the	number •	52-2372998 by Part I, lines 30b, 32b, and 33, and whether of contributions, the number of items received, itional information.	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 2013

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization

Employer identification number

52-2372998 Florida's Children First, Inc.

Form 990 - Organization's Mission

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

Changing the system of care for Florida's children requires that we educate

a variety of stakeholders. Sometimes we make the general public aware of a

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

Page 2

Name of the organization

Florida's Children First, Inc.

Employer Identification number 52-2372998

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

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

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.

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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 countless citizens about issues and solutions for children in care.

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

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

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

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

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

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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

Page 2

Name of the organization

Florida's Children First, Inc.

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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

President Director

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.

Name of the organization Florida's Children First, Inc.	52-2372998
Form 990, Part VI, Line 12c - Enforcement of Conflict	s Policy
Annual review of policies by operations committee and	the full Board.
Form 990, Part VI, Line 15a - Compensation Process for Annual review by the operations committee and the full	
Form 990, Part VI, Line 15b - Compensation Process for Annual review by the operations committee and the full	
Form 990, Part VI, Line 19 - Governing Documents Disc	losure Explanation
No documents available to the public	

31. Number of independent voting members of governing body

33. Number of volunteers

32. Number of employees

Two Year Comparison Report 2012 & 2013 Form 990 ending For calendar year 2013, or tax year beginning

Taxpayer Identification Number Name 52-2372998 Florida's Children First, Inc. Differences 2012 2013 154,967 760,095 915,062 1. Contributions, gifts, grants 2. 2. Membership dues and assessments 3. 3. Government contributions and grants 41,000 41,000 4. 4. Program service revenue -25,068 36,796 11,728 5. Investment income 5. 6. Proceeds from tax exempt bonds 6. 7. 7. Net gain or (loss) from sale of assets other than inventory 8. 8. Net income or (loss) from fundraising events 9. 9. Net income or (loss) from gaming 10. Net gain or (loss) on sales of inventory 10. 11. 11. Other revenue 796,891 967,790 170,899 12. 12. Total revenue. Add lines 1 through 11 13. 13. Grants and similar amounts paid 14. 14. Benefits paid to or for members 15. 5. Compensation of officers, directors, trustees, etc. 432,110 30,670 401,440 16. Salaries, other compensation, and employee benefits 16. 17. Professional fundraising fees 17. 307,235 396,592 89,357 18. 18. Other professional fees 19,227 346 19,573 19. 19. Occupancy, rent, utilities, and maintenance 795 117 678 20. 20. Depreciation and Depletion 141,285 8,619 21. 132,666 21. Other expenses 129,109 990,355 861,246 22. 22. Total expenses. Add lines 13 through 21 41,790 -22,565-64,35523. Excess or (Deficit). Subtract line 22 from line 12 23. 967,790 170,899 796,891 24. Total exempt revenue 24. 25. 25. Total unrelated revenue -744,163 796,891 52,728 26. 26. Total excludable revenue 526,728 495,256 -31,47227. Total assets 27. -8,907 25,049 16,142 28. 28. Total liabilities 501,679 479,114 -22,565 29. Retained earnings 29. 32 29 30. Number of voting members of governing body 30. 28 31 31.

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460

32.

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317

Form 990T

46. Penalties

47. Total due/(Refund)

Two Year Comparison Report

For calendar year 2013, or tax year beginning

ending

2012 & 2013

Name

Taxpayer Identification Number

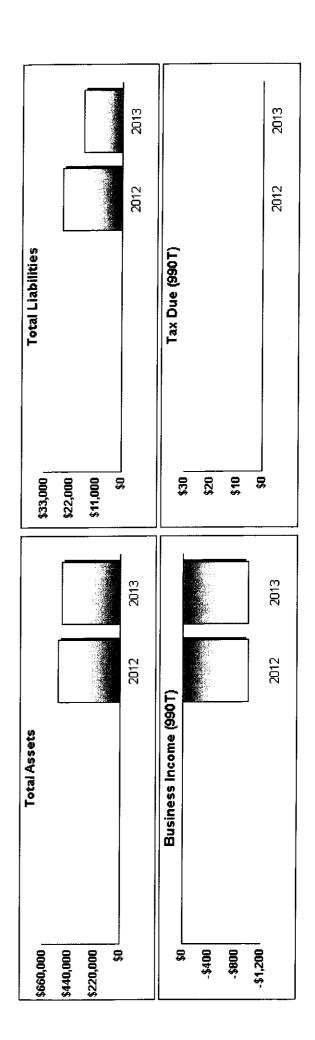
Florida's Children First, Inc. 52-2372998 2013 Differences 2012 1. Gross profit/loss on business activities 2. Capital gains/losses 3. Income/loss from partnerships and S corporations 3. 4. Rental income (net of expense) 4. 5. Unrelated debt-financed income (net of expense) 5. 6. Interest, and other income from controlled organizations (net of expense) 6. 7. Investment income of specific organizations (net of expense) 7. 8. 8. Exploited exempt activity income (net of expense) 9. Advertising income (net of expense) 9. 10. Other income 10. 11. Total trade or business income. Combine lines 1 through 10 11. 12. 12. Compensation of officers, directors, and trustees 13. 13. Other salaries and wages 14. Repairs and maintenance 14. 15. 15. Bad debts 16. 17. Taxes and licenses 17. 18. Charitable contributions 18. 19. Depreciation and Depletion 19. 20. Contributions to deferred compensation plans 20. 21. Employee benefit programs 21. 22. Other deductions 22. 23. 23. Total deductions. Add lines 12 through 22 24. 24. Taxable income before NOL. Subtract line 23 from 11 25. Net operating loss deduction 25. 1,000 1,000 26. Specific deduction 26. -1,000 -1,00027. 27. Unrelated business taxable income. 28. Income tax (corporate or trust) 28. 29. 29. Proxy tax 30. Alternative minimum tax 30. 31. 31. Total taxes 32. Other credits 32. ್ 33. General business credit 33. 34. 34. Credit for prior year minimum tax 35. Total credits 35. 36. 36. Net tax after credits 37. Recapture taxes 37. 38. 38. Total Taxes 39. Prior year overpayment and estimated tax payments 39. 40. 40. Payment made with extension 41. 41. Backup withholding and foreign withholding 42. Other payments 42. 43. Total payments 43. 44. Balance due/(Overpayment) 44. 45. 45. Overpayment applied to next year

46.

Name				>		2107
	Florida's Children First,	first, Inc.	and the state of t	The state of the s	Employer 52~2	Employer Identification Number 52-2372998
	2009	2010	2011	2012	2013	7,00
Contributions, gifts, grants	nts			760,095	915,062	+
Membership dues						
Program service revenue	er				41,000	
Capital gain or loss						
Investment income				36,796	11.728	
Fundraising revenue (income/loss)	ncome/loss)					
Gaming revenue (income/loss)	ne/loss)					
Other revenue						The state of the s
Total revenue				796.891	067 796	- Constitution of the Cons
Grants and similar amounts paid	unts paid				200	
Benefits paid to or for members	nembers					
Compensation of officers, etc.	:					
Other compensation				401,440	432.110	
					396,592	
Occupancy costs				19,227		
Depreciation and depletion	tion			678	795	
Other expenses				439,901	141,285	
Total expenses				861,246	990,355	
Excess or (Deficit)				-64,355	-22,565	
Total exempt revenue				100 201	000	
Total unrelated revenue	-			T60'06'	06/ / 06	
Total excludable revenue	Φ.			796,891	52.728	
Total Assets					495.256	
Total Liabilities				25,049		
Net Fund Balances						

Form 990T			Tax Return History			2013
Name Florida's	Florida's Children First, In	t, Inc.	And the state of t	Pinesson .	Employer 52-2	Employer Identification Number 52-2372998
	2009	2010	2011	2012	2013	2014
Other deductions						
Net operating loss deduction						
Specific deduction				1,000	1,000	
income after expense and deductions				-1,000	-1,000	
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits					- magazina	
Estimated tax payments						
Other payments						
Balance due/Overpayment						

^{*} Income shown net of expenses



FCF Florida's Children First, Inc.

52-2372998 FYE: 12/31/2013

Federal Statements

5/12/2014 1:29 PM

Taxable Dividends from Securities

Description	ı				
	Amount	Unrelated Business Code		Acquired after 6/30/75	US Obs (\$ or %)
Dividends and inte	rest \$		_		
Unrealized gain on	investment				
Total	\$	0			

	Federal Statements		5/12/2014 1:29 PM
Form	Form 990. Part IX. Line 11g - Other Fees for Service (Non-employee)	nployee)	
Description Other	org. S. P.	Management & General	Fund Raising
ų	\$ 32,835 \$ 32,835	\$	0 s
- Accordance and the second	Form 990. Part IX. Line 24e - All Other Expenses	THE THE THE THE THE THE THE THE THE THE	
Description investment	Total Program Expenses Service	Management & General	Fund Raising
			\$

52-23/2998 FYE: 12/31/2013	Federal Statements	MA 62:1 4102/21/0
	Schedule A. Part II. Line 1(e)	
De	Description	Amount
Other contributed services Contributions		\$ 15,315 215,040
Colouny, rass, Talenfeld, Karlinsky, Aba Cash Contribution Legal services	of an article and article article and article article and article arti	15,000
ramity Contrib Law Firm		5,000
Legal services Boardroom Communications		31,250
$-c_1$		30,000
Cash Contribution		20,000
Cash Contribution White & Case L.P		5,000
Legal services Holland & Knight		60,827
Legal services Florida Bar Foundation		45,129
		124,504
		44,000
sh Contributi Law Offices		5,000
Legal Legal Assistance		
Legal Gerald Reiss		15,500
Accounting Saunders Law Group		5,000
Legal Jav Kassack		15,787
-		8,000
gal McG		9,000

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Federal Statements

Federal

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FCF Florida's Children First, Inc.		
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F	52-2372998	FYE

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Cash Contribution		14,900
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Kelley Uustal PLC		7,500
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Howard Talenfeld		r
Cash Contribution		7.000
Colodny Michael & Lou Anne		
Cash Contribution		7,000
Fass Joel & Susan		
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Roth Grossman))
Cash Contribution		5 000
Jennifer Voss		>
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Coral Gables Trust		•
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FCF Florida's Children First, Inc. 52-2372998 FYE: 12/31/2013	Federal Statements	5/12/2014 1:29 PM
	Schedule A. Part II. Line 12 Description	tanomA
Equal Justice Taxable Interest on Savings and Dividends and interest Unrealized gain on investment Total	₩	\$ 41,000 11,728 \$ 52,728