Form 990 (Rev. January 2000) Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2019

	alendar year, or tax year beginning G Name of organization	, and ending		D Employer	identification number
Check if applicable: Address change	Florida's Childr	en First, Inc.			
	Doing business as				372998
Name change	Number and street (or P.O. box if mail is not delivered to street ad	dress)	Room/suite	954-	796-0860
Initial return	1401 University Drive #408	note .		1,00	
Final return/ terminated	City or town, state or province, country, and ZP or foreign postal of			© Grass rece	ms 906,241
Amended return		71-8920		G Gruss rece	
	F Name and address of principal officer:		H(a) is this as	group return for su	bordinstee? Yes X No
Application pending	Howard Talenfeld	120	HIN to all a	ubordinates inclu	ond? Yes No
	10360 West State Road 84	22224		io," whach a list. I	
	40 40 T TO TO	L 33324			
Tox-exempt status	X 601(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) or 527	History a	wemption number	
Website:	floridaschildrenfirst.org		Year of formation:	2002	M State of legal domicile: FI
Form of organization			Tear of formation.	LUUL	M Galo o rego sorrers.
Part S	ummary	Clacked III			
	escribe the organization's mission or most significant	activities:			
See	Schedule 0				
2 Check to 3 Number 4 Number 5 Total number 6 Total					
				HI O TO THE STATE	
2 Check t	his box 🕨 🗌 if the organization discontinued its open	rations or disposed of more than 2	25% of its net a	assets.	21
3 Number	of voting members of the governing body (Part VI, lir	ne 1a)	(0)-011-000-011	3	21
4 Number	of independent voting members of the governing boo	dy (Part VI, line 1b)		4	5
5 Total nu	imber of individuals employed in calendar year 2019 ((Part V, line 2a)		5	
6 Total no	umber of volunteers (estimate if necessary)			6	400
7a Total ur	related business revenue from Part VIII, column (C).	line 12		7a	
b Net und	elated business taxable income from Form 990-T, line	39		7b	Current Year
1.100			Prior	71,850	895,526
8 Contrib	utions and grants (Part VIII, line 1h)		9	71,650	035,520
	n service revenue (Part VIII, line 2g)		_	12,917	10,715
10 Investr	sent income (Part VIII, column (A), lines 3, 4, and 7d)		-	12,911	10,71
11 Other n	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c,	, and 11e)	-	84,767	906,241
12 Total re	wenue - add lines 8 through 11 (must equal Part VIII,	column (A), line 12)	9	04, 101	300,24.
	and similar amounts paid (Part IX, column (A), lines 1		_		
14 Benefit	s paid to or for members (Part IX, column (A), line 4)	CONTRACTOR OF STREET	_	21 206	467,948
44 4 1	s, other compensation, employee benefits (Part IX, co	olumn (A), lines 5-10)	4	31,386	407,340
15 Salane 16a Profest b Total fi	sional fundraising fees (Part IX, column (A), line 11e)		-	The Palify of	Commence of the later of the la
b Total fi	indraising expenses (Part IX, column (D), line 25) ▶	64,911	(Marie 1997)		502.70
	expenses (Part IX, column (A), lines 11a-11d, 11f-24	e)		17,233	
18 Total e	xpenses. Add lines 13-17 (must equal Part IX, colum	n (A), line 25)		48,619	
	ue less expenses. Subtract line 18 from line 12			63,852	-145,50: End of Year
5 8				Current Year 337,567	
20 Total a	seets (Part X, line 16)		-	50,420	A CONTRACTOR OF THE PARTY OF TH
21 Total	abilities (Part X, line 26)		-	287,147	
	sets or fund balances. Subtract line 21 from line 20			.01,241	201721
Part II	Signature Block				and the said built if it
Under penalties	of perjury, I declare that I have examined this return, including	ng accompanying schedules and state	iments, and to the	te best of my k	nowledge and believ, it is
true, correct, and	of perjury, I declare that I have examined as is return, including a complete. Declaration of preparer (other than officer) is bat	sed on as information of which prepare	er ras and whom	T a	bila
	12.10()			1	p1120
Sign	Signature profices Mile Color	0222500-03		LAK	f6
Here L	Gerald Reiss	Trea	surer		
	Type or print name and life		127	71 100.00	Sel . Com
Prints	The Archain a trans-	's signature I — 0	Date		
Paid Maux	een S. Fengler	russon A tengles	07	/27/20 set-	The second secon
Section was a	Sullivan & Fengler			Firm's EIN	65,0002115
Use Only	3031 NE 22nd Stree	t			
	Fort Lauderdale, F			Phone no.	954-561-282
May the IDC die	cuss this return with the preparer shown above? (see	instructions)	(a/11/441150)	ALL LANDSON	X Yes No

orr	n 990 (2019) Florida's Chil			52-2372998	Page 2
P	Statement of Program			- this floor III	X
-	Check if Schedule O cor		se or note to any line	n this Part III	<u>A</u> _
1	Briefly describe the organization's mission See Schedule O	on:			
905			numannaninin		
2	- [- TORE] - 전 [[] 전 [] 이 [] 이 [] 이 [] 이 [] 이 [] 이 [] 이 [] 이 [] 이 [] 이 [] 이 [] 이 [] 이 [] 이 [ficant program serv	ices during the year which	were not listed on the	
	prior Form 990 or 990-EZ?	020010-0020		0.000	Yes X No
4	If "Yes," describe these new services on			- Debugge - Appendix nert	
3	Did the organization cease conducting, or services?	or make significant	changes in how it conduct	s, any program	Yes X No
	If "Yes," describe these changes on Sch	adula O			Tes M
4	Describe the organization's program ser		nts for each of its three lar	oest crooram services, as measured	by
	expenses. Section 501(c)(3) and 501(c)(2011 1980 1980 1980 1980 1980 1980 1980 1			10 / Tr
	the total expenses, and revenue, if any,				
	(Code:) (Expenses \$	507,413	including grants of \$) (Revenue	\$)
- 1	See Schedule O				
					Assessment of the same of the
	3 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	*400-00-00-00-00-00-00-00-00-00-00-00-00-				
				,	1200-1000-1000-111-1000-1
	(Code:) (Expenses \$	391,071	including grants of \$) (Revenue	S)
	See Schedule O				
	Simenio e mante de la composición del composición de la composición del composición de la composición				
	1.0000000000000000000000000000000000000		0 (1) (1 (1) (1) (1) (1) (1) (1) (1) (1)		
				V	
	51				
4	10-11- V.F.		insteading general of 6) (Revenue	•
	C (Code:) (Expenses \$ N/A		including grants of \$) (Revenue	, ,

	* continues and the continues				

	* *************************************				
	Z4111111111111111111111111111111111111				
	*				31111511111111111111111111111111111111
4	d Other program services (Describe on So	thedule O 1			
750	(Expenses S	including grants	of \$) (Revenue \$)
4	Total program service expenses ▶	898,	484	1000	

Yes No is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? # "Yes," complete Schedule A X is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? X 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 X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II x 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, Part III X 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 "Yes," complete Schedule D. Part I X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 x Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI X 11a b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII X 110 d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part IX X 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12s, then completing Schedule D. Perts XI and XII is optional X 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have appreciate revenues or expenses of more than \$10,000 from grantmaking. fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) x 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G. Part II X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G. Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a b If "Yes" to line 20s, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schodule I, Parts I and II x

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1	
22	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	_	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	2500		
249		23	-	X
	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 25s			x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a	-	- A
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b	-	-
	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d	1	-
25a				
	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	-		1
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			1
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			-
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	SMISSING COMMISSION CO	42.00	
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
28	persons? If "Yes," complete Schedule L, Part III	27		X
20	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):	600		No.
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	MEDIC	See.	Service of
	"Yes, "complete Schedule L, Part IV			w
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28b	-	-
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	x	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	***************************************	-	-
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			-
	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			1000000
	or IV, and Part V, line 1	34		X
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	# "Yes" to line 35a, clid the organization receive any payment from or engage in any transaction with a			
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the proposition selection 501(c)(3) organizations.	35b	_	_
-	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	_	X
Ĭ.,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37	_	X
	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Pa	Statements Regarding Other IRS Filings and Tax Compliance	36	-	2000
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5	Torra II	810	
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- If not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	6.70	No se	
	reportable gaming (gambling) winnings to prize winners?	1e		

Statements, filed for the calendary year ending with or within the year covered by this return I at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to reflect learning for the sum of lines 1 and 2a is greater than 250, you may be required to reflect that may be required to reflect that may be required to require the sum of lines 1 and 2 as greater than 250, you may be required to repair that may be required to reflect that may be required to repair that may be required to require the sum of the sum	CT ICT	and tax compliance	continuea)		
Silements, filed for the calendar year ending with or whinin the year covered by this return Statements, filed for the calendar year ending with or whinin the year covered by this return.	22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	3 1	A STATE OF	Yes No
of it all east one is reported on line 2a, did the organization file all regulared feedinal employment tax reference? Note: If the sum of lines is and 22 is greater hand 250, you may be required to 4-6% (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? 1 If "Yes," has it tiled a form 900 The file is year If "Yes" his way drouds an explanation or Schedule O 3b. If "Yes," and it tiled a form 900 The file year If "Yes in the 3b, provided an explanation or Schedule O 3c. If yes the content in a freeign country of the organization have an interest in, or a signature or other authority over, a financial accounts (FBAR). 5c. If "Yes," either the name of the foreign country of the schedule of		Statements, filed for the calendar year ending with or within the year covered by this return	2a 5		
ADV. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) AD If the organization have unresided business pross income of \$1,000 or more during the year? If "Yes," has it sted a form 990-T for this year? If "No" to sine 3b, provide an explanation on Schedule O 3a At any time during the calendary year, diff the organization have an interest in, or a signature or other authority ever, a financial account in a foreign country. Year as a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). If "Yes," infancial party to 3 prohibited tax shefar transaction at any time during the tax year? See instructions for filing requirements for FinDEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization and congination that it was or is a party to a prohibited tax shefar transaction? So If "Yes to line 5a or 5b, do the organization file Form 8865-T? So Does the organization natural gross recepts that are normally greater than \$100,000, and did the organization natural gross recepts that are normally greater than \$100,000, and did the organization natural gross recepts that are normally greater than \$100,000, and did the organization routine and unlocated with every solicitation an express statement that such contributions or gifts were not tax deductible? Organization star may receive deductible contributions under section 170(c). Did the organization star may receive deductible contributions under section 170(c). If the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor? If Yes, "did the organization receive any yinds, directly or indirectly, to a payment property for which it was required for file Form 8896 as required? To bit the organization receives a contribution of unified ty, to apy premiums on a personal benefit contribut? If Yes, indicate the number of Forms 8282 filed during the ye	b	If at least one is reported on line 2a, did the organization file all required federal employment	tax returns?	2h	x
If "Yes," has it field a form 950-7 for his year." If "You fair ab, provided an explanation on Schedular O All A lary time during the calendar year, did the organization have an interest in, or a signature or other authority over. A lary time during the calendar year, did the organization have an interest in, or a signature or other authority over. A lary time during the calendar year, did the organization have an interest in, or a signature or other authority over. A lary time during the calendar year, did the organization thave an interest in, or a signature or other authority over. A lary time during the calendar year, did the organization file of the specific organization file organization school and the organization school and contributions that were not act deductible as charitable contributions? B If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? B If "Yes," indicate the number of Forms 8282 filed during the year If "Yes," indicate the number of Forms 8282 filed during the year If "Yes," indicate the number of Forms 8282 filed during the year If yes, indicate the number of Forms 8282 filed during the year If the organization received a contribution of qualified intellectual property, did the organization file a From 1908-07 file organization received a contribution of qualified intellectual property, did the organization file a From 1908-07 file organization make a statisfied form organization file and organization make a statisfied file organization file and organization make a provided in file distribution under section 49	(02)	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see incl	fructions)	20	
a Hair yet medium; the calendary year, of the regionalization have an interest in or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts; Ph. 11 **Yes, **Interest the name of the foreign country.** Programment of the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," indicate the number of Forms 8282 field during the year of the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided by the organization receive and payment of the payor? If "Yes," indicate the number of Forms 8282 field during the year of the organization receive and payment of the payor? If the organization receive and programment of the payor of the organization field the programment of the payor of the organization receive and programment of the payor of the organization received and contribution of cars, boots, sirplanes, or other vehicles, did the organization flex of the payor of	200	Did the organization have unrelated business gross income of \$1,000 or more during the year	-2	35	×
### A carry time during the clashcar year, dot the organization have an interest is, or a signature or other fannoial account)? ### A sea has a bank account, securities, country (such as a bank account, securities account), or other financial accounts? ### A sea has true manner of the foreign country such as a bank account, securities accounts, or other financial accounts? ### A sea has true manner of the foreign country such as a bank account, and the sea of the country sea of th	285	If it es, has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on S.	chadula O		
If "Yes," enter the name of the foreign country! See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FRAR). See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FRAR). Was the organization appear to a prohibited tax wheeler transaction at any time during the tax year? 5.5	4a	At any time during the calendar year, did the organization have an interest in or a signeture of	r other authority even	1110111111	
See instruction for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). West the organization a party to a prohibited tax sharler transaction at any time during the tax year? 53	× 25	a mandal account in a foreign country (such as a bank account, securities account, or other	financial account/?	44	l v
Do d'any surabile party not by the organization that it was or is a party to a prohibited six shelter transaction? If "Yes" to line Sa or Sb, did the organization file Form 8888-17 Does the organization san annual gross receipts that are normally greater than \$100,000, and did the organization sale annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible. If "Yes," did the organization include with every solicitation an express statement that such contributions or glids were not tax deductible? If "Yes," did the organization receive a payment in excess of \$75 made party is a contribution and party for goods and services provided to the payor? Organizations that may receive deductible contributions under section 170(c). If "Yes," did the organization enough the donor of the value of the goods or services provided? Oils the organization enough a payment in excess of \$75 made party is a contribution and party for goods and services provided to the payor? If "Yes," did the organization enough a payment in excess of \$75 made party is a contribution and party for goods and services provided to the payor? If "Yes," did the organization enough a payment in excess of \$75 made party is a contribution and party for goods and services provided? If "Yes," did the organization enough a contribution of quality of the goods or services provided? If "Yes," did the organization enough a contribution of quality of the good of th	b	in res, enter the name of the foreign country			
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b U any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 65	250	was the organization a party to a prohibited tax shelter transaction at any time during the lay.	Carner	52	X
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Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		If "Yes," see instructions and file Form 4720, Schedule N.	*)!!)!!!!!!!	15	X
If "Yes," complete Form 4720, Schedule O.	3	is the organization an educational institution subject to the section 4968 excise tax on net invest	ment income?	10	v
		If "Yes," complete Form 4720, Schedule O.		16	STATE OF THE PARTY.

52-2372998 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 21 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? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filled? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X Did the organization have members or stockholders? 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? x Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X 8a Each committee with authority to act on behalf of the governing body? X 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 on Schedule O. X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 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? x 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done x 12c Did the organization have a written whistleblower policy? x 13 Did the organization have a written document retention and destruction policy? X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official x 15a Other officers or key employees of the organization 15b X if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > FL Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 601(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records > Christina L. Spudeas 1401 University Drive

Coral Springs

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

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

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

- 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.
 See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (let ony	Do	(C) Postion (so not check more than one box, unless person is both ar officer and a director/frustee					(D) Reportable companisation from the organization	(E) Reportable sompersation from related organizations	(F) Estimated amount of other compensation from the
	house for related organizations below dotted line)	or director	Begand Incomitted	Officer	Kay amployee	Fightest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) Christina Spude		\top			Г					
2100-01-1200-01200-0110-01	40.00					0.0		000000		
Executive Director	0.00	-	_			X		114,338	0	4,819
(2) Rosemary Armstr										
	1.00	-					- 1			
Director	0.00	X	_		_	\perp	-	0	0	0
(3) Theodore Babbit										
	1.00									
Director	0.00	X						0	0	0
(4) Dick Batchelor	CAMBONIA									
	1.00						- 1			
Director	0.00	X			ļ			0	0	0
(5) Debbie Dickson										
VV070-000-000-000	1.00									
Director	0.00	X						0	0	0
(6) Jesse Diner	constants.									
	1.00									
Director	0.00	x						0	0	^
(7) Richard Filson		100							-	0
EVERA PROPERTY AND ADDRESS OF THE PROPERTY ADD	1.00				0			N I		
Director	0.00	x						0	0	
(8) Michael Higer				\neg					- 0	0
Assessment of the same	1.00	П								
Director	0.00	x						0	0	
(9) Alan S. Levine	ALL DESCRIPTIONS		T	\neg		_	+	-	- 0	0
**************************************	1.00	Ш								
Director	0.00	x		- 1				0	0	<u> </u>
10 Bruce Maxwell		-		7		+	+	-	- 0	0
3.00	1.00	ш								
Director	0.00	x								-
(11) Todd McPharlin	0.00	-	+	+			-	0	0	0
	1.00						1			
Director	0.00	x							85	
	0.00	A	-	-	_	_	-	0	0	0

Form 990 (2019) Florida's	Childr	en	F	LIS	t,	I	nc.	. 52-2372	2998	Page i
(A) Name and side	(B) Average hours per week (list any	(d	o not	(0	tion more t	than o	ne an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	individual trustee of director	Institutional trustee	Опісаг	Kay employee	Highest compensated ampliques	Former	(W.21040-MSC)	(W-211099-MISC)	from the organization and related organizations
(12) Edith Osman						-6.				
1.1200-00-00-00-00-00-00-00-00-00-00-00-00-	1.00									
Director	0.00	X						0	0	0
(13) Bernard Perls										
Director	1.00									
(14) John Schickel	0.00	X				-	-	0	0	0
1247 COM SCHICKES	1.00									
Director	0.00	x						0	0	0
(15) Richard Schwa		-						0	0	
50500000000000000000000000000000000000	1.00	1		П						
Director	0.00	X						0	0	0
(16) Richard Slaws										
	1.00					- 1	- 1	820	13	
Director (17) Julie Talenfe	0.00	X	-	-	-	-	-	0	0	0
	1.00									
Director	0.00	x				- 1		0	0	0
(18) Jennifer Voss		-			_	_	\rightarrow	-	- 0	0
Lammana	1.00	Ш			- 1	- 1				
Director	0.00	x						0	0	0
(19) Nathan Cook	2.00									
Secretary	0.00	1 1		x	- 1					
1b Subtotal		_				-	-	114,338	0	0
c Total from continuation shee	ts to Part VII.	Section	on A	******			1	114,330		4,819
d Total (add lines 1b and 1c)				*****				114,338		4,819
2 Total number of individuals (inc.)	luding but not	limited	d to	hose	liste	ed ab	ove)	who received more than \$	100,000 of	4,015
reportable compensation from	the organization	n 🏲 :	2_						100,000 41	Yes No
3 Did the organization list any for	mer officer, dir	ector	true	dee,	key e	empl	loyee	, or highest compensated		WHITE STREET
employee on line 1a? // "Yes," 4 For any individual listed on line	complete Schei	of sec	for	such	indiv	vidue	V.			3 X
organization and related organi	zations greater	than	\$15	0,000	17 If	"Yes	," cor	and other compensation to mplete Schedule J for such	om the	
individual 5 Did any person listed on line 14			9000					Michigan province and a second		4 X
5 Did any person listed on line 1s for services rendered to the org	anization? If "Y	os. * c	omp	ensa:	Sche	morn eduk	any	unrelated organization or in	dividual	5 X
Section B. Independent Contractor		2000	17.63	200000		ESUA!			CONTRACTOR OF THE PERSON OF TH	J A
 Complete this table for your five compensation from the organiz 	ation. Report of	ensat ompe	ed in	ion fo	ande or the	nt co	enda	ctors that received more the	en \$100,000 of the organization's tax year	80 90
Name and b	(A) usiness address	2000			ALC: DO	T		Description	of services	(C) Compensation
	1112-05-2000000									- Constitution
2 Total number of independent or					deco			A ROSE CONTRACTOR OF THE PARTY		
 Total number of independent co received more than \$100,000 of 	compensation	from	the	organ	nizati	to ti	nose	listed above) who		Market Street

								to any line in thi	(B) Related or example	(C)	(D)
							11	Total reversus	Related or exempt function revenue	Unreleded business revenue	Revenue excluded from tax under excludes 512-514
Contributions, Giffs, Grants	2 1	a Federated cam	paigns		1a			5. C. S.	C. Salar B. Land	A CAMPA DO THE SAME	Charles To a Street of
5	3	b Membership du		. 14	1b						
s,	A C	c Fundraising eve	ents		1c			A			
ē.	10	d Related organiz			1d				A WILLIAM		
ě.		Covernment grants (c	ontributio	ons)	1e			No.			
ę,	5	f All other contributions	pits, gra	ants,			20 C C C C C C C C C C C C C C C C C C C		A SEMESTIC TO		
릗	5	and similar amounts to			1f		895,526				
5	9	9 Nercash contribution:			1g S		362,256				
0	9 1	h Total. Add Ines	18-11					895,526			and store let
	100	200					Business Code	A CHARLES AND SERVICE	Research House Burn		
rice	22										
Sen	1						-				
Program Service							-				
8	1:										
ď.	1	f All other program	m serv	ice revenue	0						
		Total. Add lines					•			of the overland to be the owner.	CONTRACTOR OF THE
	3				ds interes	st and			SP EMPLOYED	The state of the s	ON STREET
		other similar am	ounts)			ort arrea		10,715			10 715
	4	Income from inv			ot bond or	oceeds		20,120			10,715
	5	Royalties	-00111-1				· ·				
	100		100	(i) Real		(8) P	Personal	THE PERSON NAMED IN	A STATE OF THE SAME	SIS MONIGOR	30000
	6a		6a	17.50				双连里地震			
	b										
	C		6c							用工作工作	
	7a	Net rental incom Gross amount from	e or (it					-			
		sales of assets	-	(§ Securitie		00	Other				
	h	Other than inventory Less: cost or other	7a		-						
Ē		besit and sales exps.	7b				- 2				100
ther Revenue		Gain or (loss)	7c		_		_	388500			
F		Net gain or (loss	_					SSSH MEDIACID LINE	THE PROPERTY OF	Water Land Color	A THROUGHT
€		Gross income from		ising events		-	-	EVS IN SUPREMINE	United States	MICHELLAND BEING	
-	1	(not including \$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1 1		1				
		of contributions rep	orted or	n line 1c).	1 1		2		建设工业		
	1.3	See Part IV, line 18			8a						
		Less: direct expe			8b					College March	
		Net income or (Id			events				the Comment		
	9a	Gross income from		activities.					· · · · · · · · · · · · · · · · · · ·	SURE PROPERTY.	W. 带达拉引用块
		See Part IV, line 19			9a						
		Less: direct expe Net income or (lo			9b			生 福祉 医小性 10	The state of the state of	Marie Library	
		Gross sales of in			vices			dament was to be seen	THE RESERVE	When the Part of t	
	100	returns and allow			100		8				
П	h	Less: cost of goo			10a		-			STATE OF THE	MENSON
		Net income or (ic					-	STATE OF THE PARTY	DEVENIENT LEED	SEMESTICS.	THE TAXABLE PARTY
	-	THE HOUSE OF CA	Asy IIC	ATT SHIPS OF INV	e-mory	· · · · · · · · · · · · · · · · · · ·	Business Code	County County	TO THE REAL PROPERTY.	CHEAN LATERATE	
evenue	11a						Control Orde	Market No.	OF CHEST OF N	Committee of the second	A STATE OF THE PARTY OF
Revenue	b				110000						
No.	c		1111111								
-	d	All other revenue									
		Total. Add lines							The second of	DUCK TOWN	William State of
	12	Total revenue. S	see ins	tructions			•	906,241	0	0	10,715

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon-	uplete all columns. All other se or note to any line in thi	r organizations must comp s Part IX	slete column (A).	
	ot Include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundational expenses
1	Grants and other assistance to domestic organizations		8	THE RESERVE ASSESSMENT	Confirm Confirm
	and domestic governments. See Part IV, line 21			The Control of	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 15				
4	Benefits paid to or for members		2	ASTALL SERVICE	
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8)				
7	Other salaries and wages	467,948	357,392	54,447	56,109
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal	297,186	297,186	11 100	1 000
C	Accounting	19,250	3,850	14,400	1,000
d	Lobbying	25,000	25,000	DUMBER ROLESSEN	
8	Professional fundraising services. See Part IV, line 17		Contract of the last of the	A PART OF THE PART	
	Other, (If line 11g amount exceeds 10% of line 25, column				
я	[A] amount, list line 11g expenses on Schedule O.)	35,503	35,503		
12		55,555	33,303		
13	Office expenses	23,889	13,565	8,425	1,899
14	Information technology	12,368	11,132	618	618
15	Royalties	989888	1-12110411-01011	5,0206	(1)(000000
16	Occupancy	24,627	22,165	1,231	1,231
17	Travel		000000000000000000000000000000000000000		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	3,631	1,762	1,869	
19	Conferences, conventions, and meetings	617	1,702	617	
21	Payments to affiliates	017		917	
22	Depreciation, depletion, and amortization	2,194	1,975	109	110
23	Insurance	2,232	2,515	103	110
24	Other expenses. Itemize expenses not covered	Sea Comment	经企业的产生发生。		
	above (List miscellaneous expenses on line 24e. If				11000
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.	CONTRACTOR OF STREET	Control of the Contro	White state of the state of	THE PERSON
a	Training and education	84,366	84,366	784	2 014
ь	Public awareness/educat Dues/fees/licenses	49,316	44,588	3,654	3,944
d	Mudes/ Luca/ Livenses	3,654 2,194	-	2,194	
250	All other expenses	2,134		2,134	
25	Total functional expenses. Add lines 1 through 24e	1,051,743	898,484	88,348	64,911
26	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 ▶ if	2,202,130	200/101		01/911

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing 1,015 1 1,015 Savings and temporary cash investments 80,444 2 33,454 Pledges and grants receivable, net 400 9,146 3 Accounts receivable, net 8,853 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 6,559 2,932 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 14,343 10a b Less: accumulated depreciation 11,569 10b 4,968 100 2,774 Investments—publicly traded securities 233,507 155,597 11 12 Investments—other securities. See Part IV. line 11 12 13 Investments-program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 1,821 1,821 15 Total assets. Add lines 1 through 15 (must equal line 33) 337,567 206,739 16 Accounts payable and accrued expenses 32,358 35,812 18 Grants payable 18 19 Deferred revenue 13,486 10,800 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 4,576 25 2,952 Total liabilities, Add lines 17 through 25 50,420 26 49,564 Organizations that follow FASB ASC 958, check here > X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 95,919 27 23,742 Net assets with donor restrictions 191,228 28 133,433 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 287,147 157,175 32 Total liabilities and net assets/fund balances 337.567 206,739

Firm 990 (2019)

orm 990 (2019) Florida's Children First, Inc. 52-23	72998	Page	12
Part XII Reconciliation of Net Assets			
Check if Schedule O contains a response or note to any line in this Part XI		Г	7
Total revenue (must equal Part VIII, column (A), line 12)	1	906,24	11
Total expenses (must equal Part IX, column (A), line 25)	2	1,051,74	13
3 Revenue less expenses. Subtract line 2 from line 1	3	-145,50	
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	287,14	17
5 Net unrealized gains (losses) on investments	5	15,53	
Donated services and use of facilities		2000	
7 Investment expenses	7		
8 Prior period adjustments	8		
Other changes in net assets or fund balances (explain on Schedule O)	9		- 33
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		_
32, column (B))	10	157,17	15
Part XII Financial Statements and Reporting			_
Check if Schedule O contains a response or note to any line in this Part XII			1
	G-DECORERENCE OF COLUMN	Yes N	0
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			름
If the organization changed its method of accounting from a prior year or checked "Other," explain	in	(2)(2)(2)(3)	驫
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	d or	AND THE REAL PROPERTY.	
reviewed on a separate basis, consolidated basis, or both:			8
Separate basis Consolidated basis Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?		2b X	_
If "Yes," check a box below to indicate whether the financial statements for the year were audited or	on a	202 11 10	-
separate basis, consolidated basis, or both:			層
X Separate basis Consolidated basis Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	versight of		_
the audit, review, or compilation of its financial statements and selection of an independent account	itant?	2c X	
If the organization changed either its oversight process or selection process during the tax year, ex	misin on		800
Schedule O.	pront of	A STATE OF THE PARTY OF THE PAR	8
3a As a result of a federal award, was the organization required to undergo an audit or audits as set fo	orth 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 under	go the		-
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	audits	3b	

Form 990 (2019)

(A) Name and title	(B) Average hours per week (rst any	be	a, uni	Pps check ess ps	rson	then s is both	81	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below doted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated amployee	famer	(W-2/1098-MISC)	(W-Z/1009-MISC)	organization and related organizations
(20) Laura Reich Vice President	2.00			x				0	0	
(21) Gerald Reiss	2.00			x				0	0	(
(22) Howard Talenf President	4.00 0.00			x				0	0	(
Subtotal Total from continuation shee Total (add lines 1b and 1c) Total number of individuals (increportable compensation from the compen	duding but not it	mited	on A				xave)	who received more than \$1	00,000 of	
3 Did the organization list any for employee on line 1a? If "Yes," of 4 For any individual listed on line organization and related organization and related organization and related organization and related on line 1a for services rendered to the organization and related on line 1a for services rendered to the organization.	tomplete Scheo 1a, is the sum zations greater receive or acci	fule J of rep than	for sorta \$150	ble o	ind comp comp comp	vidue ensa "Yes from	ation a	and other compensation fro		Yes No.
Section B. Independent Contractor 1 Complete this table for your five	s highest compe	ensat	ed in	den	ande	int co	ntract	ore that received more than	n \$100,000 of	
compensation from the organiz	(A) uniness address	mpe	nsati	ion to	or th	e can	endar	year ending with or within to (B) Description		(C) Compensation
						+				
Total number of independent co received more than \$100,000 or	intractors (includ	ding i	out n	at lin	nite	to th	iose l	sted above) who		

FCF 07/27/2020 2:19 PM

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Form 8868 (Rev. 1-2020)

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automati	c 6-Month Extension of Time. Only subm	it original	(no conies needed)								
Al corporati	ons required to file an income tax return other than Fo	orm 990-T (in	ocluding 1120-C filers), partners	hine DEMICs o	od to sete						
must use Fo	rm 7004 to request an extension of time to file incom-	e tax returns	reading (120 C mers), partiers	inpa, ricinica, a	na trusts						
Type or print	Name of exempt organization or other filer, see in Florida's Children First	structions		Taxpayer identification number (TIN)							
	Number, street, and room or suite no. If a P.O. box, see instructions. 1401 University Drive #408										
File by the due date for filing your return. See	City, town or post office, state, and ZIP code. For	a foreign ad									
instructions	Coral Springs F1	L 33071	1-8920								
Enter the Re	turn Code for the return that this application is for (file	a separate	application for each return)		01						
Application	n	Return	Application		Return						
is For	Al Control of the Con	Code	Is For		Code						
Form 990	or Form 990-EZ	01	Form 990-T (corporation)		07						
Form 990-	BL	02	Form 1041-A		08						
Form 4720	(individual)	03	Form 4720 (other than indivi	riual)	09						
Form 990-	PF	04	Form 5227		10						
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069		11						
Form 990-	T (trust other than above)	06	Form 8870		12						
 If the org 	ne No. > 954-796-0860 enization does not have an office or place of business for a Group Return, enter the organization's four digit	Fax No s in the Unite Group Exem	ed States, check this box	. If this is	▶□						
for the whole	group, check this box If it is for part or	f the group, o	check this box	and attach							
	names and TINs of all members the extension is for			0.45000000000							
the org ▶ 🔀 ▶ 🔲	st an automatic 6-month extension of time until 11/ anization named above. The extension is for the orga- calendar year or tax year beginning, and ending ix year entered in line 1 is for less than 12 months, ch	inization's rel	turn for:	return for							
	change in accounting period			140001							
3a If this s	pplication is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, ent	ter the tentative tax, less								
	refundable credits. See instructions.			3a	\$						
	pplication is for Forms 990-PF, 990-T, 4720, or 6069,										
	ed tax payments made. Include any prior year overpa			3b	5						
c Balanc	e due. Subtract line 3b from line 3a. Include your pay	ment with th	is form, if required, by		000						
	FTPS (Electronic Federal Tax Payment System). Ser			30	\$						
TOD GOLOTTAL	ou are going to make an electronic funds withdrawal (with this Form 8868, see Form	8453-EO and Fo	rm 8879-EO for payment						
For Privacy	Act and Paperwork Reduction Act Notice, see inst	ructions.			Form 8868 (Rev. 1-2020)						

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section \$01(c)(3) organization or a section 4947(a)(1) nonesampt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

2019

OWB No. 1545-0047

Internal Revenue Service Name of the organization

Florida's Children First Inc.

Employer identification number

-	THE RESERVE		mildren First,			52-23	72998
Pan		son for Public Charit	y Status (All organizatio	ns must	complete	this part.) See instruction	ons.
The org	janization is n	of a private foundation beca	use it is: (For lines 1 through 1	2, check or	ily one bax.)	
1	A church, c	convention of churches, or a	ssociation of churches describ	ed in section	on 170(b)(1)(A)(i).	
2	A school de	escribed in section 170(b)(1)(A)(ii). (Attach Schedule E (F	orm 990 or	990-EZ).1	65 2000	
3	A hospital of	or a cooperative hospital ser	vice organization described in	section 17	0(b)(1)(A)(i	m.	
4	A medical r	research organization operal	ted in conjunction with a hospi	tal describe	d in section	170/b)(1)(A)(iii) Enter the	hospital's same
	city, and sta	afe:				. A stoll (MeMay, Cust me	nospitars name,
5	An organiza section 17	ation operated for the benefi 0(b)(1)(A)(iv). (Complete Pa	t of a college or university own	ed or open	ited by a go	vernmental unit described in	
6			governmental unit described i	n section	70/b)/1\/A)	44	
7 2	An organiza	ation that normally receives in section 170(b)(1)(A)(VI). (a substantial part of its suppor	t from a go	vernmental	unit or from the general publ	ic
8			170(b)(1)(A)(vi). (Complete F	David II 's			
9	An agricuits	iral research omanization de	resided in section 470/hV4V	ant II.)			
	or university	y or a non-land-grant college	escribed in section 170(b)(1)(a of agriculture (see instruction	s). Enter th	e name, city	inction with a land-grant colle y, and state of the college or	ege
10	support from	m activities related to its exe in gross investment income :	(1) more than 33 1/3% of its s impt functions—subject to cert and unrelated business taxable 30, 1975, See section 509(a)	lain excepti e income (le	ons, and (2)	no more than 33 1/3% of its	085 3
11	An organiza	tion organized and onerster	exclusively to test for public :	refets Compi	ese Part III.)	Die Visi	
12	An organiza	tion organized and operated	exclusively for the benefit of,	to perform	section 50	9(a)(4).	
	or one or mi	ore publicly supported organ	izations described in section	509(a)(1) o	section 50	19(a)(2) See section 509(a)	(9)
а	Type I.	A supporting organization of	that describes the type of sup- perated, supervised, or control	lled by its s	apported on	ganization(s), typically by giv	nd 12g.
	the supp	ported organization(s) the po	wer to regularly appoint or ele	ct a majorit	y of the dire	ctors or trustees of the	11/2
	support	ing organization. You must	complete Part IV, Sections A	and B.			
b	Type II.	A supporting organization s	upervised or controlled in con-	nection with	its support	ed organization(s), by having	1
	control	or management of the suppo	orting organization vested in th	e same per	sons that c	ontrol or manage the suppor	ted
	organiza	ation(s). You must complet	Part IV, Sections A and C.				
¢	Type III its supp	functionally integrated. A orted organization(s) (see in	supporting organization opera structions). You must comple	ted in conn	ection with,	and functionally integrated v	eth.
d	Type III	non-functionally integrate	d. A supporting organization of the organization generally must	perated in	connection	with its supported proprients	on(s)
	requiren	nent (see instructions). You	must complete Part IV, Sect	ions A and	D and Pa	equirement and an attentiven	ess
e	Check th	his box if the organization re	ceived a written determination	from the IS	S that it is	Tune I Tune II Tune III	
	function	ally integrated, or Type III no	in-functionally integrated supp	orting organ	nization.	a Type I, Type II, Type III	
1	Enter the nu	mber of supported organizat	lions				
9	Provide the I	following information about t	he supported organization(s).	100111111111		(1)	
	ne of supported ganization	(8) EIN	(HI) Type of organization (described on from 1-10	listed in ye	organization or governing	(v) Amount of monetary support (see	(vii) Amount of other support (see
			above (see instructions))		ment?	instructions;	instructions)
(A)				Yes	No		
Y Y					- 0		
(B)							
(C)				-			
200							
(D)							
E)							
-30_		d'an ar la	F. Branch				
otal		TENES AND THE	Cortains of Spirits		TO SHE		ľ

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

201	ction A. Public Support					2000	
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	919,114	1,285,373	1,033,032	971,850	895,526	5,104,899
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	919,114	1,285,373	1,033,032	971,850	895,526	5,104,895
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)				T . W		5,104,895
6	Public support. Subtract line 5 from line 4	THE PARTY NEWS	Maste Tail	10 12 - 12	SERVED COM		5,104,895
	tion B. Total Support					THE OWNER OF THE OWNER.	5,104,895
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	919,114	1,285,373	1,033,032	971.850	895,526	5,104,895
8	Gross Income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				12,917	10,715	23,632
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10			Traction makes	THE WEST OF THE	CONTRACTOR OF	5,120,527
12	Gross receipts from related activities, etc. (see instructions)			400000000000000000000000000000000000000	12	16,225
13	First five years. If the Form 990 is for the o	rganization's first, :	second, third, fourt	h, or fifth tax year:	as a section 501(c)(3)	
Sec	organization, check this box and stop here tion C. Computation of Public Sur	nort Descent					▶□
14	Public support several to 2015	port Percenta	ge				
15	Public support percentage for 2019 (line 6, Public support percentage from 2018 Sched	column (f) divided b	y line 11, column	(U)		14	99.54%
3700	33 1/3V support test 2010 If the service	ule A, Part II, line	14		000000000000000000000000000000000000000	15	99.75%
	33 1/3% support test—2019. If the organiz	ation did not check	the box on line 13	and line 14 is 33	1/3% or more, che	ock this	
h	box and stop here. The organization qualific	es as a publicly sug	ported organizatio	0	222200000000000000000000000000000000000		► X
	33 1/3% support test—2018, if the organization have and step here. The approximation	ation did not check	a box on line 13 o	r 16a, and line 15 i	is 33 1/3% or more	, aheak	
73	this box and stop here. The organization qualified the sand circumstances test 2010	Wifes as a publicly	supported organia	ration		92100111111111111	
	10%-facts-and-circumstances test—2019 10% or more, and if the organization meets Part VI how the organization meets the "fact organization	the "facts-and-circu	imstances" test, ci	neck this box and a	stop here. Explain	in	
ь	10%-facts-and-circumstances test—2018	If the organization	did not oback a b	w no line 12 15	486	2011/2011/2011/2011	.,,,,,,,
	15 is 10% or more, and if the organization mee Explain in Part VI how the organization mee	eets the "facts-and is the "facts-and-cir	Fcircumstances" te coumstances" test.	est, check this box The organization	and stop here. qualifies as a publi	cly	
8	Private foundation. If the organization did r instructions	not check a box on	line 13, 16a, 16b,				

Schedule A (Form 990 or 990-EZ) 2019

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

(Complete only if you checked the box on line 10 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.)

	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		2000	//	1-102/01/01		
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		3	i			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b				View of the second		
8	Public support. (Subtract line 7c from line 6.)	支持	是 一种 医				
Sec	tion B. Total Support					The Landson St. St.	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	1000000	10177777				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop here	organization's first	second, third, fou	rth, or fifth tax yea	r as a section 501	(c)(3)	
Sec	tion C. Computation of Public Su		age				-
5	Public support percentage for 2019 (line 8,	column (f), divide	d by line 13, colum	n (f))		15	%
6	Public support percentage from 2018 Sche-	dule A, Part III, lin	e 15			16	%
sec	tion D. Computation of Investmen	t Income Per	centage				
7	Investment income percentage for 2019 (lin	e 10c, column (f),	divided by line 13,	column (f))		17	%
8	investment income percentage from 2018 5			MARKET CHARACTER		18	%
9a	33 1/3% support tests—2019. If the organ	ization did not che	ick the box on line	14, and line 15 is	more than 33 1/3%	and line	
	17 is not more than 33 1/3%, check this box	and stop here.	The organization qu	alifies as a public	v supported organ	ization	
ь	33 1/3% support tests—2018. If the organ line 18 is not more than 33 1/3%, check this	ization did not che	ck a box on line 14	or line 19a, and I	ine 16 is more than	n 33 1/3%, and	W. W
	and re is not more tridit 33 1/3%, check this	s oox and stop he	re. The organization	n cualifies as a ni	deliche menmentent o	Company of the second of the	100

Schedule A (Form 990 or 990-EZ) 2019

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(8) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- o Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

			111
		Yes	No
	1		
	2		
	3a		
			75 No.
	3b	Terroup.	
	3c		
	4a	Target.	EEE 200
		E E	
	4b	SEASON S	NIC SH
		1	
	4c	No.	10
	5a		-
	5b		No. only
	5c		
	6		directly,
	7	Alexandra de la constanta de l	
	8		D-SUP-H
	9a	SS 100	
	9b	100000	NAME OF TAXABLE PARTY.
	9c	-	- Property
			TOUR S
	10a		track
		NEE SEM	All all
(Fo	10b rm 990	or 990-E	Z) 2019

22 a	Supporting Organizations (continued)			
			Yes	No
11	has the organization accepted a gift or contribution from any of the following persons?	100		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	ALC: UNK	800	
100	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
Sect	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110		
3601	ion B. Type I Supporting Organizations		700.37	10000
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Dec. 100	Yes	No
22	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	800		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	100		
	controlled the organization's activities. If the organization had more than one supported organization,	155/4		
	describe how the powers to appoint end/or remove directors or trustees were allocated among the supported	200		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	100		HOTELS.
2	Did the organization operate for the benefit of any supported organization other than the supported	1	BURNING.	HELIES
120	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	NAME OF TAXABLE		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	AND AND		
	supervised, or controlled the supporting organization.	2	March Print	
Sect	ion C. Type II Supporting Organizations	121		
0000-10			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1000	19200	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	100		SE 33
	or management of the supporting organization was vested in the same persons that controlled or managed	2051		
	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			
192			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	(N)		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		55	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		-3013	CAN S
320	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	ESS T	123	7114
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	EX		尼里姆
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		100	Mark.
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1000	SAME.	
Secti	supported organizations played in this regard.	3		
1	on E. Type III Functionally-Integrated Supporting Organizations			
a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below.	tions).		
b				
c	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a programmental analysis of Board Missing and Missin			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	istructions).		
2 /	Activities Test. Answer (a) and (b) below.	Г	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Great Control	Tes .	BERREIN
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			100
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	1531		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	ELECTIVE STATE	di Res	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	427	, X. S.	200
	reasons for the organization's position that its supported organization(s) would have engaged in these		100	400
	activities but for the organization's involvement.	2b	-	
3	Parent of Supported Organizations. Answer (a) and (b) below.	OCCUPATION	2)(68)	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		25	715
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	THE REAL PROPERTY.	ST SE	80 S
100000	of its supported organizations? If "Yes," describe in Part VI the role played by the progration in this regard	26		-9

Stretule A (Form 990 or 990-EZ) 2019 Florida's Children First Part V Type III Non-Functionally Integrated 509(aV3) Supporting	t, Inc.	52-237	2998 Pag
Type III Non-Functionally Integrated 509(a)(3) Supportin Check here if the organization satisfied the Integral Part Test as a qualifying trus	g Organizati	ons	
instructions. All other Type III non-functionally integrated supporting organization	ons must compli	ete Sections A through	See F
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		yophorialy
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	1 1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	8 Ce.		THE PERSON NAMED IN
instructions for short tax year or assets held for part of year):	AND DESCRIPTION OF THE PERSON	海 花 人 大	E A SHEET
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	20000	CONTRACTOR OF THE PARTY	SAN SETTING
factors (explain in detail in Part VI):	123531	Tree on the Tree	100 Maria
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 8)	8		
Section C - Distributable Amount		THE SECOND	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		200 100 100 100 100 100 100 100 100 100
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	1	CONTRACT OF THE PARTY OF THE PA	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

Schedule A (Form 990 or 990-EZ) 2019

5 Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions).

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

Amounts paid to supported organizations to accomplish exempt purport organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of sur Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organ (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019	ises of supported upported organizations	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of sur Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior iRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organ (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) Distributable amount for 2019 from Section C, line 6	ipported organizations nization is responsive	Underdistributions	Distributable
organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of sur Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior iRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organ (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) Distributable amount for 2019 from Section C, line 6	ipported organizations nization is responsive	Underdistributions	Distributable
Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior iRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organ (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) Distributable amount for 2019 from Section C, line 6	nization is responsive	Underdistributions	Distributable
Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior iRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organ (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) Distributable amount for 2019 from Section C, line 6	nization is responsive	Underdistributions	Distributable
Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organ (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) Distributable amount for 2019 from Section C, line 6	(0)	Underdistributions	Distributable
Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organ (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) Distributable amount for 2019 from Section C, line 6	(0)	Underdistributions	Distributable
Distributions to attentive supported organizations to which the organ (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) Distributable amount for 2019 from Section C, line 6	(0)	Underdistributions	Distributable
(provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) Distributable amount for 2019 from Section C, line 6	(0)	Underdistributions	Distributable
Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) Distributable amount for 2019 from Section C, line 6	0.000	Underdistributions	Distributable
Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) Distributable amount for 2019 from Section C, line 6	0.000	Underdistributions	Distributable
Section E - Distribution Allocations (see instructions) Distributable amount for 2019 from Section C, line 6	0.000	Underdistributions	Distributable
Distributable amount for 2019 from Section C, line 6	0.000	Underdistributions	Distributable
Distributable amount for 2019 from Section C, line 6	Excess Distributions		
		Pre-2019	Amount for 2019
			THE RESERVE TO THE PARTY OF THE
A LANGE OF THE PARTY OF THE PAR			THE RESERVE OF THE PARTY OF THE
(reasonable cause required-explain in Part VI). See instructions.			
Excess distributions carryover, if any, to 2019			NAME OF TAXABLE PARTY.
From 2014	100 三元以下等限第二次等	William William	
From 2015			A TOTAL STREET
From 2016	THE PROPERTY OF THE PARTY	AND DESCRIPTIONS OF	
1 From 2017	ELTING STATE		Me no se o ene
From 2018	(1) (2) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	30 SUN 30 ES	THE RESERVE TO BE
Total of lines 3s through e			a contract of the
Applied to underdistributions of prior years	操作证据证明		C DIRECTO
Applied to 2019 distributable amount		可以选择。 大学的企业的	
Carryover from 2014 not applied (see instructions)		(1) (1) (1) (1)	
Remainder, Subtract lines 3g, 3h, and 3i from 3f.		THE PARTY OF THE P	THE RESERVE OF THE PARTY OF THE
Distributions for 2019 from	是国际发生的经济。	100年10年10日	
Section D, line 7:		15 5 1	The training
Applied to underdistributions of prior years			THE REPORT OF THE PARTY OF THE
Applied to 2019 distributable amount	建筑外位沿线图	THE RESERVE TO SEE	
Remainder, Subtract lines 4a and 4b from 4.			THE PARTY OF THE P
Remaining underdistributions for years prior to 2019, if	100		25 M2 8000
any. Subtract lines 3g and 4a from line 2. For result	川直(東京) 570年1		THE WAY THE
greater than zero, explain in Part VI. See instructions.			建一大 、建设等位:
Remaining underdistributions for 2019. Subtract lines 3h		国际的自然的	
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.	ER PARTIES TO THE PAR	All the second	
Excess distributions carryover to 2020. Add lines 3j and 4c.			學學學學
Breakdown of line 7:			Service and the service of
Excess from 2015	(Editor Albertain)	CAN A WELL TO SERVE	74 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1
Excess from 2016	THE WAY TO SEE	The Property of	TOTAL ASSESSED
Excess from 2017			HARDING THE A
Excess from 2018	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Control of the State of the Sta	NEWSCHIEF THE

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
* 1110010111111111111111111111111111111	
Sommon	7/III.II

Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

Employer identification number

	hildren First, Inc.	52-2372998
Organization type (chec	k one);	
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 for	oundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private found	fation
	501(c)(3) taxable private foundation	
Note: Only a section 501(instructions.	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule a	and a Special Rule. See
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contrib y or property) from any one contributor. Complete Parts I and II. See instruc- contributions.	
Special Rules		
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 99 and that received from any one contributor, during the year, total contribution of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1	90 or 990-EZ), Part II, line ns of the greater of (1)
contributor, during literary, or educati	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that g the year, total contributions of more than \$1,000 exclusively for religious, or lional purposes, or for the prevention of cruelty to children or animals. Comp b) instead of the contributor name and address), II, and III.	charitable, scientific,
contributor, during contributions total during the year for General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that githe year, contributions exclusively for religious, charitable, etc., purposes, led more than \$1,000. If this box is checked, enter here the total contribution or an exclusively religious, charitable, etc., purpose. Don't complete any of the plies to this organization because it received nonexclusively religious, chariter more during the year.	but no such ns that were received he parts unless the table, etc., contributions
Caution: An organization 990-EZ, or 990-PF), but it	that isn't covered by the General Rule and/or the Special Rules doesn't file must answer "No" on Part IV, line 2, of its Form 990; or check the box on I 2, to certify that it doesn't most the filing requirements of Schedule B (Form	Schedule B (Form 990, ine H of its Form 990-EZ or on its

Page 1 of 2

ace 2

Name of organization

Florida's Children First, Inc.

Employer identification number 52-2372998

Part	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Boardroom Communications 1776 N Pine Island Rd Suite 320 Plantation FL 33322	s 35,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
2	Florida Bar Foundation 250 South Orange Ave Suite 600P Suite 600 P Orlando FL 32801	Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 3	Angelica Palank-Sharlet 70 BAY Colony Road Ft Lauderdale FL 33308	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Shane McGee Foundation 3515 Wedgewood Lane The Villages FL 32162	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Holland & Knight 800 7thStreet NW Washington DC 20006	s 48,714	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6,	Carlton Fields 215 S Monroe Street Tallahassee FL 32301	s 89,160	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Florida's Children First, Inc.

Employer identification number 52-2372998

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	Stephanie White PLLC 101 East Government St Pensacola FL 32505	\$ 22,500	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Buchanan Ingersoll & Rooney 401 East Las Olas Blvd Ft Lauderdale FL 33301	\$ 19,052	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Berger Singerman 1450 Brickel Ave Miami FL 33131	s 24,600	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Kelley Kronenberg 10360 W State Road 84 Fort Lauderdale FL 33324	s 50,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25.115		s	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 1 of 2

Schedule 8 (Form 990, 990-EZ, or 990-PF) (2019) Name of organization

Florida's Children First, Inc.

Employer identification number 52-2372998

(a) No. from	Noncash Property (see instructions). Use duplicate (b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Parti	Public relations work	s 35,000	12/31/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	Legal Services	s 48,714	12/31/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	Legal services	s 89,160	12/31/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	Legal services	\$ 22,500	12/31/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	Legal services	19,052	12/31/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	Legal services	\$ 24,600	12/31/19

Same 3

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Florida's Children First, Inc.

Employer identification number 52-2372998

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (c) (a) No. (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I Legal services 10 12/31/19 50,000 (c) (a) No. FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I (c) (a) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I (c) (a) No. (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I (c) (a) No. (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I (c) (a) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I

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

Inspection

Department of the Tressury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Complete if the organization is described below. Go to www.irs.gov/Form990 for instructions and the latest information.

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

	of organization Florida's Childre	n First, Inc.		52-23729	
Par	II-A Complete if the organization is e Provide a description of the organization's direct and				on,
1	definition of 'political campaign activities')	ndirect political campaign activities	mir bit iv. (auc i	nad dictional for	
2	Political campaign activity expenditures (see instruction	ons)		▶ \$	
3	Volunteer hours for political campaign activities (see i	nstructions)			
Par	1-B Complete if the organization is e	xempt under section 501(:)(3).		
1	Enter the amount of any excise tax incurred by the on		7611111111111111	▶\$	
2	Enter the amount of any excise tax incurred by organi		55	▶ \$	
3	If the organization incurred a section 4955 tax, did it f	ile Form 4720 for this year?			Yes No
	Was a correction made?				Yes No
TEACH SEC	If "Yes," describe in Part IV.	tdoti E01/	al avaant sas	tion 501(a)(3)	
Pai	Complete if the organization is e			tion sur(c)(s).	
1	Enter the amount directly expended by the filing organ activities	nization for section 527 exempt fur	ction	► s	
2	Enter the amount of the filing organization's funds co-	ntributed to other organizations for	section		
	527 exempt function activities	DEL TO STATE OF A SERVICE AND STATE OF THE S		▶ \$	
3	Total exempt function expenditures. Add lines 1 and 2	Enter here and on Form 1120-Pt	DL,	12000	
	line 17b			P\$	
4	Did the filing organization file Form 1120-POL for this			OWNERSON CONTRACTOR	Yes No
5	Enter the names, addresses and employer identificat organization made payments. For each organization	isted, enter the amount paid from	the filing organizat	tion's funds. Also enter	
	the amount of political contributions received that wer as a separate segregated fund or a political action co	mmittee (PAC). If additional space	is needed nowin	ie information in Part IV	
	as a separate segregated turit or a portical action co	(b) Address	(e) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Assess	VI) I.M	filing organization's funds. If none, enter -O-	contributions received and promptly and directly delivered to a separate political organization. If none, enter 4-
(1)					
(2)					
(3)					
(4)					
			_		
(5)					

A Check ▶ ☐	ction 501(h)). If the filing organization be	- (6				ction under
B Check >	address, EIN, expenses, if the filing organization ci	and share of ex	cess lobbying exper	ditures).	(2. D)	per's name,
B Check ▶	Limits on Lobb	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO		iovisions apply	(a) Fring	(b) Affiliated
(The	term "expenditures" me	ans amounts p	oaid or incurred.)		organization's totals	group totals
	expenditures to influence publ	The second secon		annian partie		
b Total lobbying e	expenditures to influence a leg	islative body (dire	ct lobbying)			
c Total lobbying e	expenditures (add lines 1a and	3 1b)				
d Other exempt p	urpose expenditures	129201000000000000000000000000000000000	NEWS REAL PROPERTY AND ADDRESS OF THE PARTY AN			
e Total exempt po	prose expenditures (add line	s 1c and 1d)				
f Lobbying nontal columns.	xable amount. Enter the amo	unt from the follow	ving table in both			
If the amount or	If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amou					NA COLUMN
Not over \$500,00		20% of the amoun	115-00 and Co.			
Over \$500,000 ba	ut not over \$1,000,000	\$100,000 plus 155	% of the excess over \$50	0,000.		
Over \$1,000,000	but not over \$1,500,000	\$175,000 plus 105	% of the excess over \$1,0	.000,000		
Over \$1,500,000	but not over \$17,000,000	\$225,000 plus 5%	of the excess over \$1.50	00.000		E ALTERNATION
Over \$17,000,000	0	\$1,000,000				
h Subtract line 1g	taxable amount (enter 25% of from line 1a. If zero or less,	enter -0-				
	from line 1c. If zero or less, e			(400 00 to 100 00 to		
	nount other than zero on eithe n 4911 tax for this year?	er line 1h or line 1i	, did the organization f	lie Form 4720		Yes No
(Some o	organizations that made :	a section 501(h	ing Period Under S) election do not h nstructions for line	ave to comple		nns below.
	Lobi	oying Expendit	ures During 4-Year	Averaging Pe	riod	30/
100 miles 1 mi	ar (or fiscal year nring in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying norta	xable amount					
b Lobbying ceiling [150% of line 2			關係。		MALLEY.	
c Total lobbying o	expenditures					
d Grassroots non	taxable amount					
e Grassroots cell [150% of line 2						3

Schedule C (Form 990 or 990-EZ) 2019

f Grassroots lobbying expenditures

Schedule C (Form	Omplete if the organization is exempt under section 501(c)(3) and has	52-237 NOT filed		768	-	Page 3
79 VARIOUS	(election under section 501(h)).	6	a)	(b)	
	n,* response on lines 1s through 1i below, provide in Part IV a detailed the lobbying activity.	Yes	No	Amo	unt	
legislation referendu a Volunteer b Paid staff c Media ad d Mailings t e Publicatio f Grants to g Direct co h Rallies, d i Other act j Total. Ad 2a Did the a b if "Yes," c c if "Yes," c	or management (include compensation in expenses reported on lines 1c through 1i)? vertisements? o members, legislators, or the public? ons, or published or broadcast statements? other organizations for lobbying purposes? intact with legislators, their staffs, government officials, or a legislative body? emonstrations, seminars, conventions, speeches, lectures, or any similar means?	XXX	X X X X		25,	
Part III-A	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5),	or sect	ion		
2 Did the o	estantially all (90% or more) dues received nondeductible by members? rganization make only in-house lobbying expenditures of \$2,000 or less? rganization agree to carry over lobbying and political campaign activity expenditures from the pri Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."	1 501(c)(5),			Yes 3, is	No
2 Section 1 political a Current y b Carryove c Total 3 Aggregat	sessments and similar amounts from members 62(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).		2a 2b 2c 3			

5 Taxable amount of lobbying and political expenditures (see instructions) Part IV: Supplemental Information

and political expenditure next year?

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying

Schedule C, Part II-B, Line 1

Florida's Children First, Inc. (FCF) hired a consultant whose duties included, in part, contacting individual legislators and attempting to influence legislation that in FCF's opinion would improve child welfare services. FCF staff and Florida Youth Shine members sometimes answer questions, provide information, testify at hearings, and educate others on

Schedule	C (Farm		0-EZ) 2019 lemental		rida's C		First,	Inc.	52-	2372998	Page 4
the	sub	W 1975	16-		pending		ation.				
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2019 Coen to Public

Name of the organization Employer identification number Florida's Children First, Inc. 52-2372998 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds 66 Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2s through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works. of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X 5 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

Sche	dule D (F	om 990) 2019 Florida	's Children	First, In	ic.	52-2372	998		Page	2
Pa	ort III	Organizations Maintain	ing Collections of	Art, Historical	Treasures, o	r Other Sir	nilar Assets	(continu	red)	
3	Using the	e organization's acquisition, acce n tems (check all that apply):	ession, and other records	, check any of the	following that ma	ke significant	use of its	35		
a	Pub	lic exhibition	d l	oan or exchange	program					
b	Sch	olarly research	e 🗌 (Other	1-36-70101015					
c	Pres	servation for future generations	100							
4	Provide	a description of the organization's	s collections and explain	how they further to	he organization's	exempt purpo	se in Part			
	XIII.									
5	During t	he year, did the organization solic	cit or receive donations o	f art, historical trea	sures, or other si	milar			-	
_		o be sold to raise funds rather the		art of the organizat	tion's collection?			Yes	s 1	(o
Pa	irt IV	Escrow and Custodial A Complete if the organizat 990, Part X, line 21.		on Form 990,	Part IV, line 9,	or reported	i an amount	on Form		
1a		ganization an agent, trustee, cus t on Form 990, Part X?		to Anadora de modra Podr	s or other assets	nat		Ye	. П »	νo
b		explain the arrangement in Part	XIII and complete the fol	lowing table:				- Ш	- 1-1	-
	10/07/07/00							Amount	Į.	-
c	Beginnin	ng balance					1c			
d	Addition	s during the year					1d			
e	Distribut	tions during the year					10			
f	Ending I	balance					1f			
2a	Did the	organization include an amount o	n Form 990, Part X, line	21, for escraw or o	custodial account	liability?		Yes	5 0	lo.
_b	If "Yes,"	explain the arrangement in Part	XIII. Check here if the ex	planation has been	n provided on Par	XIII				
, Pa	(TEVE	Endowment Funds.			78.=					
		Complete if the organizat	ion answered "Yes"	on Form 990,	Part IV, line 10	1.				
			(a) Current year	(b) Prior year	(c) Two years	back (d)	Three years back	(e) Four	years back	-
1a	Beginnin	ng of year balance								
b	Contribu	itions								
C	Net inve	stment earnings, gains, and								
d	Grants of	or scholarships								
0	program									
f		trative expenses								
9	The second second second second	ear balance								_
2		the estimated percentage of the		(line 1g, column (a)) held as:					
a		esignated or quasi-endowment 🕨	%							
ь			%							
С	The per	dowment > % centages on lines 2a, 2b, and 2c								
3a		e endowment funds not in the po	ssession of the organizar	tion that are held a	and administered f	or the		Se		_
	organiza	N 1 1 5 2 3 7 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							Yes N	0
		elated organizations						3a(i)	_	
		ated organizations						3a(ii)		_
		on line 3a(ii), are the related orga			·			3ь		_
NO.	nt VI	in Part XIII the intended uses of	The state of the s	wment funds						_
- 17.0	DESCRIPTION OF THE PERSON OF T	Land, Buildings, and Ed		on Form 000	Daw IV San 44	- C F	000 0		ş	
		Complete if the organizat	(a) Cost or other by							_
		Description of property	100000000000000000000000000000000000000		or other basis	(c) Accumu	0.000	(d) Book v	Blue	
40	1222		(investment)		(uther)	Suprecial Manager To Manager	NAME OF TAXABLE PARTY.			_
	Land					HOME OF LE	report thing			_
	Building		+10							
		old improvements	***		14 242		1 500		0 ==	
	Equipme		-11		14,343	1	1,569		2,77	4
	Other	e to through to (Column All and	et animi Face 000 C - 4	V asker (0) f	40-1				0 77	
: Utal	- mud lift	es 1a through 1e. (Column (d) mu	at equal Form 990, Part	A, COLUMN (B), THE	100)				2,77	4

2,774

	orm 990) 2019 Florida's Children	n First	, Inc.	52-2372998	Page :
Part VI	Investments – Other Securities. Complete if the organization answered "Ye	es" on Form	990, Part IV	, line 11b. See Form 990, Par	t X, line 12.
	(a) Description of security or category		(b) Book value	(c) Method of wel	and the state of t
	(including name of security)			Cost or end-of-year m	arket value
(1) Financial of	derivatives				
	ld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E) (F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII	Investments - Program Related.		- CONTROL - CONT	AND THE RESIDENCE OF THE STREET	Maria Salah Maria
	Complete if the organization answered "Ye	es* on Form	990, Part IV	Ine 11c. See Form 990, Par	t X, line 13.
	(a) Description of investment		(b) Book value	(e) Metrod of var	uation
	MONACO COLO PARENTO CONTROL			Cost or end-of-year in	tarker value.
(1)					
(2)					
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(6)		_			
(8)					
(9)					
	n (b) must equal Form 990, Part X, col. (B) line 13.)	•		San friend Witterstrate Te	William 1997
Part IX	Other Assets.		VWM-000-40	The Committee of the Co	2000
CI-CAMACINATE	Complete if the organization answered "Ye	es" on Form	990, Part IV	/, line 11d. See Form 990, Pai	rt X, line 15.
	(a) Descrip	ption			(b) Book varue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(8)					
(9)					
A 1 CO	n (b) must equal Form 990, Part X, col. (B) line 15.)			>	
Part X	Other Liabilities.				
	Complete if the organization answered "Ye	es" on Form	1990, Part IV	/, line 11e or 11f. See Form 9	90, Part X,
3	line 25.		20410400 21	11-11-11-11-11-11-11-11-11-11-11-11-11-	eco textile (V)
1.	(a) Description of liability				(b) Book value
	income taxes				
	tal Lease				2,95
(3)					
(4)					
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(6)					
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(9)					
DOWN TO THE RESERVE OF THE PERSON OF THE PER	n (b) must equal Form 990, Part X, col. (B) line 25.)			•	2,95
	uncertain tax positions. In Part XIII, provide the text of	the footnote t	o the omanizati		
	liability for uncertain tax positions under FASB ASC 7				CONTRACTOR OF THE PROPERTY OF

Schedule D (F	Form 990) 2019	Florida's	Children	First,	Inc.	52-23729	998 Page 5
Part XIII	Suppleme	ntal Information (d	continued)			CO-SH-CASACTER	
- 1000000000000000000000000000000000000							**************************************
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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization **Noncash Contributions**

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open To Public Inspection

Florida's Children First, Inc.

Employer identification number 52-2372998

Pi	Itt I Types of Property	-	22207		102 2012	-	
	7,723 2111	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 950, Part VIII, line 1g	(d) Method of determination nonceast contribution	100 To	
1	Art - Works of art						
2	Art Historical treasures						
3	Art — Fractional interests						
4	Books and publications		West Control of the C				
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities — Publicly traded						
10	Securities — Closely held stock						
11	Securities — Partnership, LLC, or trust interests						
12	Securities — Miscellaneous						
13	Qualified conservation contribution — Historic structures						
14	Qualified conservation contribution — Other						
15	Real estate — Residential						
16	Real estate — Commercial						
17	Real estate - Other			5			
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidemiy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other > (Legal services)	X	9	330,530			
26	Other > (Professional)	X	1	31,726			
27	Other ►()						
28	Other ►(
29	Number of Forms 8283 received by which the organization completed F	Control of the Contro			29	150	
30a	During the year, did the organization 28, that it must hold for at least thre	and the second party		[10] 전투 10 전 11 (10 H) 보고 10 (10 H) 11 (10 H)	1 1.14 E.S C. 1	Ye	s No
	to be used for exempt purposes for	T. Car. (1972)			VARVATA	30a	X
b	If "Yes," describe the arrangement in					Section 1	en miles
31	Does the organization have a gift ac contributions?		policy that requires the re	eview of any nonstandard		31	X
32a		ird parties	or related organizations	to solicit, process, or sell no	oncash	32a	x
b	If "Yes," describe in Part II.					阅問馬	Sec. and Persons
33	If the organization didn't report an a describe in Part II.	mount in co	olumn (c) for a type of pr	eperty for which column (a)	is checked,		

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional 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.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 2019

Department of the Treesury Internal Resenue Service Name of the organization

Florida's Children First, Inc.

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Form 990 - Organization's Mission

Florida's Children First, Inc. is a non-profit corporation established to represent and protect the legal rights of Florida's abused and neglected children, especially those in foster care, and to advance children's legal rights consistent with their medical, social, and educational needs, through awareness and advocacy projects. The corporation began operations in 2002.

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 affects the lives of children in care. Or, when all else fails, sometimes the only way to try to change the system means filing a lawsuit. 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.

Form 990, Part III, Line 4a - First Accomplishment Improving General Child Welfare

Florida's Children First has become a national go-to organization when seeking solutions to problems in child welfare. FCF is actively involved in helping professionals across Florida to join together to review proposed

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agency rules and to draft comments and suggestions, with the ability to appeal if the rule doesn't comport with the law. FCF takes the lead in presenting training materials during each step of the process of change, making sure that the children and youth, public and professionals are aware of the issues and progress. This results in a wealth of published materials, most of which can be easily and freely accessed on our website for use by all.

Florida's Children First also makes the legal representation of children a 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 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 representing individual children in foster care. 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 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

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Name of the organization

Florida's Children First, Inc.

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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 and mobilize 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.

Examples of the training opportunities/presentations by Florida's Children First include:

oDependency Training for Children's Attorneys
oHow to be an Effective Advocate
oArrest and Conviction of Dependent Youth
oChild on Child Sexual Abuse
oHuman Trafficking and Children in Care
oMedical and Educational Rights of Foster Youth
oMaking the Most out of Medicaid, Mid-Decade

Examples of training opportunities/presentations by Florida Youth SHINE: oWe Are Family - Even If I don't Have All My Brothers & Sisters with Me! (Sibling Separation)

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oThe Good, The Bad, and The Ugly - How Group Home Living Impacts Child Safety, Well-Being, and Normalcy.

oWe Can Talk, But Will You Listen? How Youth Can Be Empowered to Advocate for Themselvesand Others in Care.

oSo, You Came to Take Us Away: Now What? Trauma of Removal from Family, Friends, School

oFrom Babysitting to Parenting: How to Recruit and Train the Next Generation of Foster Parents.

oWe have the Right to NOT Remain Silent! Knowing our Rights is Important - You can Help.

oWhamm, Boom, Kapow! Florida Youth SHINE Shares How You Can Bring out the Superpower in Every Kid

oNurturing Natural Relationships: Youth Share How You Can Help Them With Lifetime Relationships

Form 990, Part III, Line 4b - Second Accomplishment Improving Outcomes for Older Youth:

FCF is educated, informed, and inspired by the voice of the youth we serve. Youth, who are directly impacted by the child welfare system, teach us the way to make the system better. Through their input and lived experiences, we learn where the system failures are and develop ways to correct those breaches. Including the voice of the youth in that process is critical to successfully improving the system. In fact, teaching children in state care, or who have left care, to become the face for addressing many issues has become the most effective tool in improving outcomes for older youth.

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Improving Outcomes for Older Youth - continued:

As such, FCF created the youth advocacy and mentorship organization Florida Youth Shine (FYS) to provide support, structure, guidance, and education that empowers children to become effective advocates by letting their voice be heard. Florida Youth SHINE (FYS), with 14 Chapters across the state, has become a strong, credible, and effective voice to represent the difficulties facing the older youth in the foster care system. As the youth work together with professional mentors and kids from around the state, they also gain invaluable life skills such as teamwork, discipline, self-confidence, patience, and public speaking.

FYS also provides a safe and nurturing space for emotional healing and utilizes a groundbreaking peer-to-peer model. After enduring severe trauma, youth from care are more trusting and receptive of fellow foster youth.

Therefore, FYS mentors, educates, and enables youth to lead their peers and together, they share their experiences with others to heal themselves and others.

Using the voice of FYS youth to educate adults on life in care, major reforms HAVE been secured, leading to better outcomes for all foster kids.

Florida Youth SHINE has succeeded in influencing positive change on a number of issues through its existence; including bills that require all children leaving care to obtain their own, personal records, and in improving educational stability.

Landmark legislation was enacted in Florida that immediately became the

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basis for new national legislation to help children live more normal lives. Under the traditional system of foster care, children in care are very restricted in participating in normal childhood activities. Caregivers were concerned that a child might get injured, or administrators of state agencies were concerned about liability issues. These reactions caused many unfair procedures requiring foster parents to obtain court orders to allow the child to travel with the family on vacation, or to attend a school event in another county, or to travel with a church group to a sleep-away camp. Fingerprinting and background screening was required whenever a child wanted to sleep over at a class-mate's home, or a foster parent wanted to have their relative watch the children so the foster parent could go grocery shopping.

Florida Youth SHINE put a face on this issue as they spoke with the majority of Florida's legislators, and testified extensively at legislative committee meetings, to help lawmakers understand the need for our children to have normal childhood related activities. This caused a law change that allowed caregivers to make decisions like any reasonable and prudent parent, without state interference or approval. No longer do caregivers have to ask a judge to allow the child to attend band practice, a church outing or sporting event, or get neighbors fingerprinted and law enforcement background screenings to allow their children to have sleep-overs. Caregivers, like parents, can now decide what is in the best interests of the children in their care.

Some of our other amazing recent accomplishments in the area of improving outcomes for older children has been FCF and FYS's several years of work in

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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. 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.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Annual review of policies by operations committee and the full Board.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Annual review by the operations committee and the full board.

Form 990, Part VI, Line 15b - Compensation Process for Officers

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Annual review by the operations committee and the full	board.
Form 990, Part VI, Line 19 - Governing Documents Disclo	
Upon request and on the web site	
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