# Forms 990 / 990-EZ Return Summary

For calendar year 2010, or tax year beginning

, and ending

52-2372998

Florida				
Net Asset / Fund Balance at Begin	ning of Year			715,270
Revenue				
Contributions		871,737		
Program service revenue				
Investment income		12,728		
Capital gain / loss				
Special events:				
Gross revenue				
Direct expenses				
Net income				
Other income		0		
Total revenue			884,465	
Expenses				
Program services		901,020		
Management and general		23,874		
Fundraising		38,212		
Total expenses			<u>963,106</u>	
Excess / (deficit)				
Other changes				
Net Asset / Fund Ba	alance at End of Year			636,629
Net Asset / Fund Ba	alance at End of Year			
Reconciliation of R	evenue		Reconciliation	of Expenses
Reconciliation of Reconciliati		_ Total e Less:	Reconciliation expenses per financial staten	of Expenses
Reconciliation of Rec	evenue	Less:		of Expenses
Reconciliation of Reconciliati	evenue	Less:	expenses per financial staten	of Expenses
Reconciliation of Reconciliati	evenue	Less: _ Do Pri	expenses per financial staten onated services	of Expenses
Reconciliation of Reconciliati	evenue	Less: _ Do _ Pri _ Lo	expenses per financial staten onated services ior year adjustments	of Expenses
Reconciliation of Rec	evenue	Less: _ Do _ Pri _ Lo	expenses per financial staten onated services ior year adjustments osses	of Expenses
Reconciliation of Reconciliati	evenue	Less: Compared to the compared	expenses per financial staten onated services ior year adjustments osses ther	of Expenses
Reconciliation of Reconciliati	evenue	Less: Do Pri Lo Oti Plus:	expenses per financial staten onated services ior year adjustments osses	of Expenses
Reconciliation of Reconciliati	evenue	Less: _ Do Pri Lo Oti Plus: _ Oti Oti	expenses per financial staten onated services for year adjustments asses ther	of Expenses nents 963,106
Reconciliation of Rootal revenue per financial statements ess:  Unrealized gains Donated services Recoveries Other llus: Investment expenses Other	884,465	Less: _ Do Pri Lo Oti Plus: _ Oti Oti	expenses per financial staten onated services ior year adjustments esses ther vestment expenses ther Total expenses per retur	of Expenses nents 963,106
Reconciliation of Rootal revenue per financial statements ess:  Unrealized gains Donated services Recoveries Other llus: Investment expenses Other	884,465 884,465	Less: Do Pri Lo Oti Plus: Ott	expenses per financial staten onated services ior year adjustments esses ther vestment expenses ther Total expenses per retur	of Expenses nents 963,106
Reconciliation of Reconciliati	884,465  884,465  Beginning	Less: Do Pri Lo Oti Plus: Oti Balance She	expenses per financial staten conated services con year adjustments cosses cher vestment expenses ther Total expenses per retur coet Difference	of Expenses nents 963,106
Reconciliation of Reconciliati	884,465  884,465  Beginning 734,165	Less: Do Pri Lo Oti Plus: Inv Oti  Balance She Ending 662	expenses per financial staten onated services ior year adjustments esses ther vestment expenses ther Total expenses per retur	of Expenses nents 963,106
Reconciliation of Reconciliati	884,465  884,465  Beginning 734,165 18,895	Less: Do Pri Lo Oti Plus: Inv Oti  Balance She Ending 662	expenses per financial staten conated services con year adjustments cosses cher vestment expenses cher Total expenses per retur cet Difference 796 7167	of Expenses nents 963,106
Reconciliation of Reconciliati	884,465  884,465  Beginning 734,165	Less: Do Pri Lo Oti Plus: Inv Oti  Balance She Ending 662	expenses per financial statent conated services ior year adjustments esses iher expenses ther expenses per returnent expenses per returnet expenses per re	of Expenses nents 963,106
Reconciliation of Reconciliati	884,465  884,465  884,465  Beginning 734,165 18,895 715,270	Less: Do Pri Lo Oti Plus: Inv Oti  Balance She Ending 662	expenses per financial staten conated services con year adjustments cosses cher vestment expenses cher Total expenses per retur cet Difference 796 7167	of Expenses nents 963,106
Reconciliation of Reconciliati	884,465  884,465  884,465  Beginning 734,165 18,895 715,270	Balance She Ending 662 , 26 , 636 , ous Information	expenses per financial statent content services for year adjustments esses ther expenses ther expenses per return total expenses per returnet for the period of the period	of Expenses nents 963,106
Reconciliation of Reconciliati	884,465  884,465  Beginning 734,165 18,895 715,270  Miscellaneo	Balance She Ending 662	expenses per financial statent content services for year adjustments esses ther expenses ther expenses per return total expenses per returnet for the period of the period	of Expenses nents 963,106

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Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No. 1545-0047 2010 Open to Public Inspection

<u>A</u>	For t	he 2010 cal	endar year, or tax	year beginnin	9		and ending					
В	Check it	f applicable:	C Name of organiz	tation						D Emp	loyer iden	ntification number
Ш	Address	s change		Flo	rida's	Childre	n First, I	nc		ļ		
$\Box$	Name o	hanne	Doing Business	As				_		52	-2372	2998
$\vdash$		•	Number and str	eet (or P.O. box	if mail is not d	lelivered to stree	et address)		Room/suite	E Telep	phone numl	ber
$\sqcup$	Initial re	eturn		versity			•			95	4-796	5-0860
	Termina	ated		ite or country, an					•			_
$\overline{\Box}$	Amondo	ed return	Coral Sp			FT. 33	3071-8920			G Gross re	nainte \$	884,465
$\vdash$						TH SI	3011 0320		<u> </u>	G Gloss le	cibio à	
$\Box$	Applicat	bon pending	F Name and addr	sas of buncibal o	inicer:				H(a) Is this a	roup return fo	affiliates?	Yes X No
									H(b) Are all a	effician inch	udad2	☐ Yes ☐ No
									1 ''	o," attach a		
			[==]	$\overline{}$			<del>, - ,</del>		—   " "	o, allacina	nst. (See Bi	audulons)
1_	Tax-ex	xempt status			<u> </u>	(insert no.)	4947(a)(1) or	527				
J	Webs	ite: 🕨 🗜	loridasc	<u>nildren</u>	<u>first.</u>	org			H(c) Group e		_	
K	Form of	f organization:	X Corporation	Trust	Association	Other >		L	Year of formation: 2	002	M State of	of legal domicile: <b>FL</b>
P	art I	Su	mmary		•							
	1	Briefly de:	scribe the organiz	zation's missio	n or most si	onificant activ	rities:					<del></del>
		-	Schedule C	١		_			,,			
9		7.7 7										
ā		•										
Governance		0							*0/ -£ 14			
Ĝ	1		_					more than 25	5% of its net assets	1	24	
ජේ			f voting members								24	
es											24	
Activities	5	Total num	ber of individuals	employed in o	calendar yea	r 2010 (Part '	V, line 2a)			5	0	
Act	6	Total num	ber of volunteers	(estimate if no	ecessary)					. 6	175	
_	7a	Total unre	lated business re	venue from P	art VIII, colu	mn (C), line 1	12			. 7a	L	
												0
									Prior Yea	r	C	Current Year
	8	Contributio	ons and grants (F	Part VIII, line 1	h)				1,15	2,000	L	871,737
Revenue	9	Program s	ervice revenue (	Part VIII, line 2	2g)					7,723	Í	
¥e	10	Investmen	t income (Part Vi	III. column (A).	lines 3. 4. a	and 7d)				6,224		12,728
ž	11	Other reve	enue (Part VIII. or	nlumn (A) line	s 5 6d 8c 9	9c 10c and	11e)		-			
							nn (A), line 12)			5,947		884,465
							/A) (= E 40)		350	3,249		427,913
8	15	Salanes, o	ither compensation	on, employee i	benefits (Pai	rt IX, column	(A), lines 5–10)		330	243	<b></b>	421,313
2	16a	Profession	al fundraising fee	∌s (Part IX, col	lumn (A), lin	e 11e)						
Expenses							38,	212			<u> </u>	
ш			enses (Part IX, o							L,061	<u> </u>	535,193
i	18	Total expe	nses. Add lines	13–17 (must e	qual Part IX,	, column (A),	line 25)	<i>.</i>		310		963,106
		Revenue I	ess expenses. S	ubtract line 18	from line 12	<u> </u>				6,637		-78,641
2 8									Beginning of Cur		E	nd of Year
Net Assets or Fund Balances	20	Total asse	ts (Part X, line 10	ð)						1,165		662,796
₹. 8.8	21	Total liabili	ties (Part X, line	26)						3,895		26,167
울등	22	Net assets	or fund balance	s. Subtract line	21 from lin	e 20			71!	5,270	<u></u>	636,629
P	art II	Sig	nature Biocl	K								
					this return, in	cluding accomp	anvino schedules an	d statements, a	and to the best of my	knowledge	and belief.	it is
							information of which I			•		
									<u>.                                    </u>			
Sig	n									Date		
			gnature of officer							Date		
Her	G	-	no or n=+ =====	nd title								<del></del>
		+	pe or print name ar	ia ittie		F_				T =:	<u> </u>	
n		Print/Type	preparer's name			Preparer's sign	nature		Date	Check	-	TIN
Paid		<u> </u>		<u> </u>					05/12/	11 self-en	ployed	
-	arer	Firm's na		llivan						mn's EIN 🕨		
Use	Only			31 NE 2								
		Firm's add	ress Fo	rt Lauc	derdale	∍ <u>,</u> FL	33305-182	25	P	hone no.	954-	561-2826
Мау	the IF	RS discuss	this return with t	he preparer sh	own above?	(see instructi	ions)					Yes No
										_		

Form 990 (2010	) Florida's	Children	First,	Inc.	52-2372998	Page 2
Part III	Statement of P	rogram Service	Accompli	shments		<u></u>
			a response	to any question	n in this Part III	X
	scribe the organizatio hedule O	n's mission:				
see sc	nedure O	,				
* * * * * * * * * * * * * * * * * * * *			• • • • • • • • • • •			
2 Did the o	ganization undertake	any significant progr	am services d	luring the year which	h were not listed on the	
	990 or 990-EZ?					Yes X No
If "Yes," o	escribe these new se	ervices on Schedule	O.			
3 Did the o	ganization cease con	ducting, or make sig	nificant change	es in how it conduct	ts, any program	
services?						Yes X No
	escribe these change					- ·
					est program services by expe	
	and 501(c)(4) organiz total expenses, and				port the amount of grants ar	nd allocations to
outers, un	s totar expenses, and	revenue, ii any, ion	eaur piogram	service reported.		
An (Codo:	\ /Evnancae	s 506	798 inc	duding graphs of \$		) (Revenue \$
	ing General			adding grants or w		) (November #
				k on imor	oving the syst	tem of child welfare
						d youth in foster
care.	This is a	ccomplishe	d bv er	ngaging in	multi-forum v	work with child
advoca	tes, state	agencies	and con	mmunity st	akeholders.	The Executive
Direct	or and Dep	ıty Direct	or sat	on many s	tatewide comm	ittees and
workgr	oups that	tackle a v	ariety	of system	ic issues incl	Luding the 2010
Indepe	ndent Livir	ng Redesig	n workg	roup. F	urthermore, FC	CF has been involved
in ana	lyzing iss	ues and pr	esentir	ng challen	ges and solut:	ions concerning the
						roaches taken in
differ	ent regions	of Flori	da, oft	en to the	detriment of	the youth served in
					•	
4b (Code:	) (Expenses	\$ 394	,222 inc	duding grants of \$		) (Revenue \$)
Improv	ing Outcome	es for Old	er Yout	n:		
FCF SI	miricantly	expanded	tcs yo	outh empowe	erment efforts	by increasing
FTOLTO	footn SH.	LNE ("FIS"	), a yo	outh empow	erment project	for current and
roimer	loster car	re youth.	During	director	r great effort	s at the expansion chapters from 3 to
or cur	s wonderru	corpored i	te memb	advocates	Tucreased the	to over 80 members.
Florida	vouth SHI	INE vouth	led cha	nters now	owist in Bro	oward, Hillsborough,
						a and Tallahassee,
						pter has its own
						the statewide
						deas, and concerns
c (Code:	) (Expenses	\$	ind	luding grants of \$	,	(Revenue \$)
• • • • • • • • • • • • • • • • • • • •						
						.,,,
• • • • • • • •						
• • • • • • • • • • • • • • • • • • • •						
• • • • • • • • • • • • • • • • • • • •						
d Other prod	ram services. (Descri	be in Schedule Ω1		<del></del>		
(Expenses			grants of \$		) (Revenue \$	)
	ram service expens		901,020	0		

Form **990** (2010)

	art V Checklist of Required Schedules 52-23/2998		<u>'</u>	≥age
<u> </u>	onother of Required Contractor		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		l	
	complete Schedule A	_1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	┞
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		İ	
	candidates for public office? If "Yes," complete Schedule C, Part I	3	<del>                                     </del>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.	x	
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		$\vdash$
5	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,			
	·	5		x
6	Part III  Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	<u> </u>		
•	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	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
3	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
)	Did the organization report an amount in Part X, line 21; 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	9		X
)	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-			
	endowments? If "Yes," complete Schedule D, Part V	10		X
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			4.00
	VII, VIII, IX, or X as applicable.			¥ **
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		32	ĺ
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	445		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11c		х
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	116		7
а	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	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
:	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
а	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1.,		
_	Schedule D, Parts XI, XII, and XIII	12a	x	ı
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 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
а	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			~
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	ا مر ا		v
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
_	If "Yes," complete Schedule G, Part III	19		X
a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some	20b		
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)			(2010)

Р	art IV Checklist of Required Schedules (continued)	<del>,</del>	,	,
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	ļ		]
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	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	1		
	employees? If "Yes," complete Schedule J	23		X
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	ļ	ŀ	
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Vee " complete Schoolule   Part III	27		х
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
28	• • • •	29		, y
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	a distribution
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		
b	Cabadida I Dart IV	28b		x
_	Schedule L, Part IV	200		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		x
••	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	^	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			X
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			v
	Part I	31	∤	<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		ĺ	v
	complete Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		- 1	37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	ļ		
	IV, and V, line 1	34		<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,		i	
	Part V, line 2 Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		<u> </u>
		C	aan	(0040)

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Pa	rt V				П
	Check if deficable of contains a response to any question in this rai	11	<u> </u>		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			7111111	31 F I.	
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ums?		2b_		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction	ns)		4.00		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b				3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	r authority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other fi	inancial		l i		
	account)?			4a	<u> </u>	X
b	If "Yes," enter the name of the foreign country: ▶		. , . , . ,			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financia	al Accounts.			,	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the			-	
	organization solicit any contributions that were not tax deductible?			6a	$\longrightarrow$	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ions or			l	
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods				
	and services provided to the payor?			7a	$\longrightarrow$	
b	* * * * * * * * * * * * * * * * * * * *			7b	$\dashv$	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	vas				
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year					
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of				$\longrightarrow$	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			7f	$\dashv$	
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	)		2		
	organization, have excess business holdings at any time during the year?			8	enediciti	
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?	,		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	201/18:XIII.	Taringel
10	Section 501(c)(7) organizations. Enter:	ایدا		10000		
а	Initiation fees and capital contributions included on Part VIII, line 12			100	7,01	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<u>10b</u>		L. R. J. L.		
11	Section 501(c)(12) organizations. Enter:	ايدا				
а	Gross income from members or shareholders	11a	_			
b	Gross income from other sources (Do not net amounts due or paid to other sources	445				
	against amounts due or received from them.)	11b		40-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		20000		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40-		
а	•			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			6.3		
b	Enter the amount of reserves the organization is required to maintain by the states in which	ايمدا		der Kin		
	the organization is licensed to issue qualified health plans	1		200		
C	Enter the amount of reserves on hand	13c		440	4-1873-1	x
14a					$\dashv$	
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	U a			990	(2040)
λΑΛ				гопп	- UC (	(ZUIU)

For	m 990 (2010) Florida's Children First, Inc. 52-2372998		I	Page 6
Р	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	w, and	d for	а
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes i	n Sch	reduk	е
	O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			X_
Se	ction 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 1a 24		i miştiy	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	_2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue		)	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," does the organization have written policies and procedures governing the activities of such	11.		
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		1. Z	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	x	:
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	x	ı
13	Does the organization have a written whistleblower policy?	13	х	
14	Does the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	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		2	
	with a taxable entity during the year?	16a	•	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the		#2 /# ) 3	
	organization's exempt status with respect to such arrangements?	16b		
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ FL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available			
	for public inspection. Indicate how you make these available. Check all that apply.			
	X Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,			
	and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: Christina L. Spudeas 1801 University Drive			
_Co		-796	<u>-08</u>	60

Form 990 (2010	) Florida's	Children	First,	Inc.	52-	-237299	8	Page 7
Part VII	Compensation o	f Officers, Dir	ectors, Tru	stees, K	ey Employees	, Highest	Compensated Employees,	
	and Independent	t Contractors						_
	Check if Schedul	e O contains a	a response	to any qι	estion in this	Part VII	<u>.</u>	<u></u>

- 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. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(a) Name and Title   Nours per week (Hearthle for week at that apply)   Position (seek at that	Check this box if neither the orga	nization nor any	relat	ed o	rgani	izațio	ns c	ompe	ensated any current officer,	director, or trustee.	<del> </del>
Company   Comp		, ,								, , ,	T
(1) Clarence McKee   Director   Compensation   Property   Proper	Name and Title				•						
(N-2/1049-MISC)  (N-2/1		week	양한	Instit	욹	ey.		F ST	from	related	
(f) Clarence McKee   Director   2.00   X   12,000   0   0   0			E di	utio	124	릙	log est	Ĕ			
(f) Clarence McKee   Director   2.00   X   12,000   0   0   0		related	ž Ž	1 2		oloye	108			, ,	
(f) Clarence McKee   Director   2.00   X   12,000   0   0   0			ste	T St		ñ	Pen				
(f) Clarence McKee   Director   2.00   X   12,000   0   0   0			"	89			sated				
Director   2.00   X     12,000   0   0   0     Rebecca Bell   Director   2.00   X   0   0   0     S) Theodore Babbitt   Director   2.00   X   0   0   0     G) Dick Batchelor   Director   2.00   X   0   0   0     G) Walter Campbell   Jr   Director   2.00   X   0   0   0     G) Bob Dillinger   Director   2.00   X   0   0   0     O	w.Clarence McKee	-		<u> </u>	_		┝				<u></u>
2.00   X	• •	2 00	x						12.000	0	0
Director   2.00   X		2.00				-					
S) Theodore Babbitt   Director   2.00   X	* * * * * * * * * * * * * * * * * * *	2.00	x						o	0	0
Director   2.00   X				$\vdash$							<u> </u>
(4) Director       2.00 X       0       0       0         Director       2.00 X       0       0       0         (6) Bob Dillinger       2.00 X       0       0       0         Director       2.00 X       0       0       0         (7) Richard Filson       0       0       0       0         Director       2.00 X       0       0       0         (8) Gloria Fletcher       0       0       0       0         Director       2.00 X       0       0       0         (9) Leslie Goller       0       0       0       0         Director       2.00 X       0       0       0         (10) Denise Manning       0       0       0       0         Director       2.00 X       0       0       0         (11) Carlos Martinez       0       0       0       0         Director       2.00 X       0       0       0         (13) Diana Ragbeer       0       0       0       0         Director       2.00 X       0       0       0         (14) Julie Talenfeld       0       0       0       0	* * * * * * * * * * * * * * * * * * * *		X						o	0	0
(6) Walter Campbell Jr Director 2.00 X 0 0 0 0  (8) Bob Dillinger Director 2.00 X 0 0 0 0  (7) Richard Filson Director 2.00 X 0 0 0 0  (8) Gloria Fletcher Director 2.00 X 0 0 0 0  (9) Leslie Goller Director 2.00 X 0 0 0 0  (10) Denise Manning Director 2.00 X 0 0 0 0  (11) Carlos Martinez Director 2.00 X 0 0 0 0  (12) Bernard Perlmutter Director 2.00 X 0 0 0 0  (13) Diana Ragbeer Director 2.00 X 0 0 0 0  (14) Julie Talenfeld Director 2.00 X 0 0 0 0  (16) Merielle Gomez-Kaifer Director 2.00 X 0 0 0 0  (16) Merielle Gomez-Kaifer Director 2.00 X 0 0 0 0  (16) Christina Zawisza Director 2.00 X 0 0 0 0	(4) Dick Batchelor										
Director   2.00   X	Director	2.00	X				l		_0	0	0
(6) Bob Dillinger Director	(5) Walter Campbell	Jr									
Director   2.00   X   0   0   0   0   0   0   0   0		2.00	X						0	0	0
(7) Richard Filson       2.00 X       0       0       0         Director       2.00 X       0       0       0         (9) Leslie Goller       0       0       0       0         Director       2.00 X       0       0       0         (10) Denise Manning       0       0       0       0         Director       2.00 X       0       0       0         (11) Carlos Martinez       0       0       0       0         (12) Bernard Perlmutter       0       0       0       0         Director       2.00 X       0       0       0       0         (13) Diana Ragbeer       0       0       0       0       0         Director       2.00 X       0       0       0       0         (14) Julie Talenfeld       0       0       0       0       0         0irector       2.00 X       0       0       0       0	(6) Bob Dillinger										_
Director   2.00   X		2.00	X						0	0	0
(8) Gloria Fletcher       2.00 X       0       0       0         Director       2.00 X       0       0       0         (10) Denise Manning       0       0       0       0         Director       2.00 X       0       0       0         (11) Carlos Martinez       0       0       0       0         Director       2.00 X       0       0       0         (12) Bernard Perlmutter       0       0       0       0         (13) Diana Ragbeer       0       0       0       0         (14) Julie Talenfeld       0       0       0       0         (14) Julie Talenfeld       0       0       0       0         Director       2.00 X       0       0       0       0         (16) Merielle Gomez-Kaifer       0       0       0       0       0         Director       2.00 X       0       0       0       0       0         (16) Christina Zawisza       0       0       0       0       0       0       0       0	(7) Richard Filson								_		_
Director   2.00   X     0   0   0   0   0   0   0   0		2.00	X						0	0	0
Sessive Goller	(8) Gloria Fletcher										•
Director   2.00   X   0   0   0   0   0   0   0   0		2.00	X	_		<u> </u>			0	0	
(10) Denise Manning   Director   2.00   X     0   0   0   0	(9) Leslie Goller										•
Director   2.00   X     0   0   0   0   0   0   0   0		2.00	X						0	U	<u> </u>
Carlos Martinez   Director   2.00   X     0   0   0   0	•										^
Director   2.00   X     0   0   0   0		2.00	X		<u> </u>		_		U	<u> </u>	
(12) Bernard Perlmutter		0.00							ام		0
Director       2.00 X       0       0       0         (13) Diana Ragbeer       0       0       0       0         Director       2.00 X       0       0       0         (14) Julie Talenfeld       0       0       0       0         (15) Merielle Gomez-Kaifer       0       0       0       0         Director       2.00 X       0       0       0         (16) Christina Zawisza       0       0       0         Director       2.00 X       0       0       0			X			-					<u>_</u>
(13) Diana Ragbeer       0	- ·		-						ام		^
Director       2.00 X       0       0       0         (14) Julie Talenfeld       0       0       0       0         Director       2.00 X       0       0       0         (15) Merielle Gomez-Kaifer       0       0       0       0         Director       2.00 X       0       0       0         (16) Christina Zawisza       0       0       0         Director       2.00 X       0       0       0		2.00	Х			_					
(14) Julie Talenfeld Director 2.00 X 0 0 0 (15) Merielle Gomez-Kaifer Director 2.00 X 0 0 0 (16) Christina Zawisza Director 2.00 X 0 0 0	· · ·	2 00	v								n
Director   2.00   X     0   0   0   0		2.00	A			<del> </del>					
(15) Merielle Gomez-Kaifer Director 2.00 X 0 0 0 (16) Christina Zawisza Director 2.00 X 0 0 0		2 00	v						ام	n	n
Director         2.00 X         0         0         0           (16) Christina Zawisza         0         0         0         0           Director         2.00 X         0         0         0			^			-	<del> </del>			<u>`</u>	
(16) Christina Zawisza Director 2.00 X 0 0			$ \mathbf{x} $						n	ol	0
Director 2.00 X 0 0							$\vdash$	-			<u>_</u>
D1100001	• •		$ \mathbf{x} $						0	ol	0
				·						*	Form 990 (2010)

Part VII	Section A. Officers,	, Directors, Trus	tees	, Ke	y En	nplo	yees	, and	Highest Compensated E	mployees (continued)	,
Na	(A) arne and Title	(B) Average	Pos	ition :		C) kallt	hat aj	(vlor	(D) Reportable	(E) Reportable	(F) Estimated
146	and the	hours per week (describe hours for related organizations	or director	Institutional	`	~	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related
		in Schedule O)	stee	trustee		0	pensated				organizations
(17) John Director	Walsh	2.00	x						0	0	0
(18) Veron Director	ica Robinso	n 2.00	x	:					0	0	o
(19) <b>Jodi</b>	Seitlin	2.00	x			_			0	0	
	rd Slawson										
Director (21) Howar	d Talenfeld	2.00	X	_	ļ <u>-</u> -				0	0	0
President	5	5.00			Х				0	0	0
Vice Pres	3	5.00			x			_	0	0	0
(23) Jay K Secretary	7	2.00			x				0	0	0
(24) Melis Treasurer	sa Lader Ba	rnhardt 2.00			x				0	اه	o
(26)											
(27)	, , , , , , , , , , , , , , , , , , , ,										
(28)											
	1 .,							<b>&gt;</b>	12,000		
	om continuation sheet and lines 1b and 1c)							<b>-</b>	12,000		
	mber of individuals (inclease compensation from the compensation f			to th 1	ose I	listed	abo	ve) v	who received more than \$10	00,000 in	
-											Yes No
employee	e on line 1a? If "Yes," o	complete Schedu	le J f	or su	uch ir	ndivid	dual		e, or highest compensated		3 X
organizat	tion and related organiz	zations greater th	an \$	150,	000?	If "Y	∕es,"	com	ind other compensation from plete Schedule J for such	n the	4 X
5 Did any	l person listed on line 1a ses rendered to the org	receive or accru	ie co	mpe	nsati	on fr	om a	iny u	nrelated organization or ind such person	ividual	5 X
Section B. In	dependent Contractor	rs									
	ation from the organiza	ation.	nsate	a inc	eper	naen	ı con	nract	ors that received more than		
	Name and	(A) husiness address							Descripti	(B) on of services	(C) Compensation
										_	
										,	
2 Total nur	mber of independent co	ontractors (includi	ng b	ut no	ot lim	ited 1	to the	ose I	isted above) who		
	more than \$100,000 in	· ·								0	

	III Staten	ent of Reven			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a	Federated cam	paigns	1a	***				
b	Membership du	ies	1b			i A dest per reiden		1
С	Fundraising ev	ents	1c					
	Related organiz		1d					
е	Government grants (	contributions)	1e					
f	All other contributions and similar amounts	1	1f	871,737			1	
g	Noncash contributions	s included in lines 1a-1f.	\$	391,020				
h	Total. Add lines	s 1a–1f			871,737		riji dan ezili et seljili.	
				Busn. Code		3.2.2		
2a								
b								
С	.,,							
ď								
e					_			
f		m service revenue						
		s 2a–2f						, , , , , , , , , , , , , , , , , , , ,
		ome (including divi						
•	and other simila			<b>.</b>	12,728	12,728		
4		vestment of tax-ex						
5			-					
9	Royallies	(i) Real		Personal	ar)	SECTION OF THE		
	Cross Bonto	(i) itea	(4)	T GIGGING				
	Gross Rents							
	Less: rental exps.							
	Rental inc. or (loss)	(1)					and the state of t	i i i i i i i i i i i i i i i i i i i
	Net rental incor	ne or (loss)						
	sales of assets	(i) Securiues		ily Outel				
	other than inventory							
þ	Less: cost or other							
	basis & sales exps.							6.00
	Gain or (loss)				f.			
		s)		<u>, </u>				
8a		n fundraising events						
	(not including \$					3		1,00
		ported on line 1c).						
		18	a			A		
		enses	b					
		(loss) from fundrais	sing events.	<u></u>				
9a		m gaming activities.			a de de			
	See Part IV, line	19	a					# 1 d
b		enses			t to graffic	A LEGAL TO		3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		loss) from gaming		<u> </u>				
10a	Gross sales of	inventory, less				į į		
	returns and allo	wances	а					
b	Less: cost of go		b					
		loss) from sales of	inventory .	<del>&gt;</del>				
-		llaneous Revenue		Busn. Code		7		
11a								
þ								
c								
~		e					-,-	
d		—			-			
d e		s 11a–11d						

## Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must				
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
-	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
Ū	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			3 2 m. 12 mail 2 m. 1	
5	Compensation of current officers, directors,				
9	•				
	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)(B)	300 005	262 202	15,233	21,569
7	Other salaries and wages	399,005	362,203	15,233	21,363
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	20 202	06.000	- 4 4 5 4	1 110
9	Other employee benefits	28,908	26,306	1,156	1,446
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	347,740	347,740		
C	Accounting	10,050	5,026	2,512	2,512
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			A	
f	Investment management fees				
g	Other	51,734	51,501	116	117
12	Advertising and promotion				
13	Office expenses	17,763	11,306	1,071	5,386
14	Information technology	19,704	17,732	986	986
15	Royalties				
16	Occupancy	20,986	18,886	1,050	1,050
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	31,341	29,699	821	821
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance		·		
	Other expenses. Itemize expenses not covered				process and the second
24	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)		i i i i i i i i i i i i i i i i i i i		
_	, , , , , , , , , , , , , , , , , , , ,	15,975	12,034	18	3,923
a	Special events	11,370	11,370		3,323
b	Public awareness/educat	5,127	4,613	257	257
C	Depreciation	3,403	2,604	654	145
d	Dues/fees/licenses	3,403	2,004	034	
9	·		<u> </u>		
f	All other expenses	200 100	004 000	00 074	20 010
25	Total functional expenses. Add lines 1 through 24f	963,106	901,020	23,874	38,212
26					
	SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column			İ	
	(B) joint costs from a combined educational				
	campaign and fundraising solicitation				
DAA					Form 990 (2010)

Part 2	X Balance Sheet			
- · · -		В	(A) eginning of year	(B) End of year
1	Cashnon-interest bearing		416 1	
2	Savings and temporary cash investments		712,237 2	652,188
3	Pledges and grants receivable, net	L	10,000 3	
4	Accounts receivable, net	· · · · · · · · · · · · · · · · · · ·	4	<u> </u>
5	Receivables from current and former officers, directors, trustees, key			
ļ	employees, and highest compensated employees. Complete Part II of			
	Schedule L	[	5	;
6	Receivables from other disqualified persons (as defined under section		# 03 Q	
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		1.4	
1	employers and sponsoring organizations of section 501(c)(9) voluntary	10,000,000		
	employees' beneficiary organizations (see instructions)		6	
2   7	Notes and loans receivable, net		7	
7 100 8 100 8	Inventories for sale or use		8	
ξ   σ	Prepaid expenses and deferred charges		4,492 9	8,514
1	Land, buildings, and equipment: cost or			
''"		, 651		
h		,757	7,020 10	1,894
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11		13	
			14	<del></del>
14	Intangible assets Other assets See Part IV, line 11	I .	15	<u> </u>
15		I .	734,165 16	
16	Total assets. Add lines 1 through 15 (must equal line 34)		18,895 17	
17	Accounts payable and accrued expenses	<b>I</b>	18	
18	Grants payable	l l	19	
19	Deferred revenue		20	<del></del>
20	Tax-exempt bond liabilities		21	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21 1694 - 24	
22	Payables to current and former officers, directors, trustees, key			
2	employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties			
25	Other liabilities. Complete Part X of Schedule D		10 005 25	
_   26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here ▶   X and complete		18,895 26	20,107
3				į (
2	lines 27 through 29, and lines 33 and 34.		400 726	A60 241
절   27	Unrestricted net assets		480,736 27	4=6 000
28	Temporarily restricted net assets		234,534 28	
29	Permanently restricted net assets		29	
2	Organizations that do not follow SFAS 117, check here ▶ and			2
27 28 29 30 31 32 33 34	complete lines 30 through 34.			
3 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances		715,270 33	
34	Total liabilities and net assets/fund balances		734,165 34	662,796

Form **990** (2010)

Form	1990 (2010) Florida's Children First, Inc. 52-2372998			Pa	ige 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u></u>	ببنين		
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			465	
2	Total expenses (must equal Part IX, column (A), line 25)	2		963,106		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>641</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u> </u>	15,	<u> 270</u>	
5	Other changes in net assets or fund balances (explain in Schedule O)	5				
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,					
	column (B))	6	6	36, <u> </u>	<u>629</u>	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII		<u> ,</u>			
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			, i	1.525	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			15.16	1	
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
ь	Were the organization's financial statements audited by an independent accountant?		2ь	X		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were					
	issued on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?		3a		_X_	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<u></u>	3b			
			Form	990	(2010)	

SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047
2010

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Florida's Children First, Inc.

Employer identification number 52-2372998

P	art I	Reas	on for Public Charity	Status (All organization	s must c	omplete	this p	art.) S	ee in	structio	ns.		
The	orga			it is: (For lines 1 through 11, ch									
1	П	A church, co	nvention of churches, or asso	ciation of churches described in	n section '	170(b)(1)(	A)(i).						
2	П		cribed in section 170(b)(1)(A										
3		A hospital or	a cooperative hospital service	e organization described in sec	tion 170(b	)(1)(A)(iii)							
4		A medical re	search organization operated	in conjunction with a hospital d	lescribed in	section	170(b)(1	)(A)(iii).	Enter t	he hospi	ital's name,		
		city, and state		,									
5	$\Box$	• .		a college or university owned	or operated	by a gov	emment	al unit de	escribed	l in			
•	ш	ū	b)(1)(A)(iv). (Complete Part	-		-, - 5-							
6				overnmental unit described in se	ection 1700	/h)/1}/Δ)/\	Δ.						
7	X	-		ubstantial part of its support from				n the de	neral ni	ıblic			
,	A		section 170(b)(1)(A)(vi). (Co		iii a goveiii	iniciatai ui	II. OI 1101	ii uic go	ncia pi	20110			
_	П		, ,, ,, ,, ,	•	шх								
8	H			70(b)(1)(A)(vi). (Complete Part		enteibution	n momb	ombin fo	oe and	arnee			
9	Ш			more than 33 1/3% of its supp									
				t functions—subject to certain						ilo			
				unrelated business taxable inc			ii tax) ii	om busi	1169969				
			=	, 1975. See section 509(a)(2).			144						
10	Н			xclusively to test for public safet					4.41				
11	$\sqcup$			clusively for the benefit of, to p						4			
				d organizations described in se						tion			
		509(a)(3). Ch	neck the box that describes th	e type of supporting organization									
		а 💹 Туре		c Type III–Function	, ,		d		e III–Ot				
e	Ш			nization is not controlled directly									
		other than for	undation managers and other	than one or more publicly supp	ported orga	nizations	describe	d in sect	ion 509	(a)(1)			
		or section 50											
f		If the organiz	ation received a written deterr	nination from the IRS that it is a	ı Type I, Ty	/pe II, or <sup>-</sup>	Гуре III s	upportin	9				_
		-	check this box										. Ш
g		Since August	17, 2006, has the organization	on accepted any gift or contribut	tion from a	ny of the							
		following per	sons?										_
		(i) A persor	n who directly or indirectly cor	ntrols, either alone or together v	vith person:	s describe	edin (ii) a	and				Yes	No
		(iii) belov	v, the governing body of the s	supported organization?							11g(i)	<u> </u>	
		(ii) A family	member of a person describe	ed in (i) above?							11g(ii	)	
		(iii) A 35% d	controlled entity of a person de								11g(ii	0	
h		` '	following information about the								.,		
	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did	ou notify	(vi)	is the	(vii) Ar	nount of	
17		anization	(,,====	(described on lines 1-9		isted in your		nization in		ion in col.	sur	port	
				above or IRC section	governing	document?		of your oort?		zed in the S.?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
(A)		_~			-			<b></b>					
. 4													
(B)													
					<u> </u>	ļ							
(C)													
						ļ							
(D)													
(E)			-	<u> </u>							<del>.</del>		
Tota	1					I		la di di di di					

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

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 201	0	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	473,622	597,665	1,451,710	1,152,000	871	,737	4,546,734
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	473,622	597,665	1,451,710	1,152,000	871	,737	4,546,734
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4		7. F. T. T. T. Y. X.	47-12-1-12-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			in in in in in in in in in in in in in i	4,546,734
	tion B. Total Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	)	(f) Total
7	Amounts from line 4	473,622	597,665	1,451,710	1,152,000	871	,737	4,546,734
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,980	4,759	15,801	_		_	26,540
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		4,504	10,537				15,0 <u>41</u>
11	Total support. Add lines 7 through 10			, program				4,588,315
12	Gross receipts from related activities, etc. (	see instructions)		,,		l	12	12,728
13	First five years. If the Form 990 is for the					)		
	organization, check this box and stop here			<u> </u>	<u></u>			<u></u>
Sec	tion C. Computation of Public Su	pport Percenta	ge			~		
14	Public support percentage for 2010 (line 6,	column (f) divided b	y line 11, column (	f))		<i>.</i>	14	99.09%
15	Public support percentage from 2009 Scheo						15	98.83 %
16a	33 1/3% support test-2010. If the organiz				1/3% or more, check	this		⊾ ਦਿ
	box and stop here. The organization qualifi	,		,				<b>&gt;</b> X
þ	33 1/3% support test-2009. If the organiz							. □
	check this box and stop here. The organization							🗀
17a	10%-facts-and-circumstances test—2010							
	10% or more, and if the organization meets							
	Part IV how the organization meets the "fac- organization				, . , ,			▶ 🗀
b	10%-facts-and-circumstances test-2009					9		
	15 is 10% or more, and if the organization					_		
	Explain in Part IV how the organization me- supported organization		.,					▶ 🗆
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see			. —
	instructions							▶ ⊔

Page 3

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

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

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual	(2, 2333	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0, -000	(.,,		.,
2	grants.")  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						<u> </u>
5	The value of services or facilities furnished by a governmental unit to the organization without charge				-		
6	Total. Add lines 1 through 5						
7a							
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)		4-70	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨 👚	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
I0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			·			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				-		
С	Add lines 10a and 10b						
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
3	Total support. (Add lines 9, 10c, 11,					Ι Τ	
	and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop here	-	second, third, fourth				<b>&gt;</b> 🗖
Sec	tion C. Computation of Public Su						
5	Public support percentage for 2010 (line 8,	column (f) divided I	y line 13, column (	f))		15	%
6	Public support percentage from 2009 Sche-						<u>%</u>
Sec	tion D. Computation of Investme	nt Income Per	centage				
7	Investment income percentage for 2010 (lin	ne 10c, column (f) d	livided by line 13, c	olumn (f))		17	%_
8	Investment income percentage from 2009		E-+ 47			40	%_
9a	33 1/3% support tests—2010. If the organ	nization did not chec	k the box on line 14	I, and line 15 is mo	re than 33 1/3%, a	ind line	. —
	17 is not more than 33 1/3%, check this bo	x and stop here. T	he organization qua	lifies as a publicly s	supported organiza	tion	▶ ∐
b	33 1/3% support tests—2009. If the organ						. —
	line 18 is not more than 33 1/3%, check this					nization	▶ 🎞
n	Private foundation. If the omanization did	not chack a how on	line 14 10a or 10i	n check this how ar	nd see instructions		▶   }

Schedule A (F	om 990 or 990 Suppleme Part II, line instruction	e <mark>ntal Inf</mark> e 17a oi	ormation.	Complete 1	this part to	provide the	e explanation	52-2372998 s required by Part II, line by additional information.	Page <b>4</b> e 10; (See
Part I	I, Line	10 -	Other	Income	Detail				
Other	.,,,,				\$	1.	5,041		
						,			
						,			
			,		• • • • • • • • • • • • • • • • • • • •				
						,			
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				,					
							, , ,		
		,,,,,,,,,							

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

#### Schedule of Contributors

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

OMB No. 1545-0047

2010

Employer identification number Name of the organization 52-2372998 Florida's Children First, Inc. Organization type (check one): Section: Filers of: **X** 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Page 1 of 2 of Part I Schedule B (Form 990, 990-EZ, or 990-PF) (2010) Employer identification number Name of organization 52-2372998 Florida's Children First, Inc. Part I Contributors (see instructions) (c) (d) (a) Type of contribution Name, address, and ZIP + 4 Aggregate contributions No. Colodny, Fass, Talenfeld, Karlinsky, Aba |X| Person 1 100 SE 3rd Avenue Payroll X \$ 72,000 Noncash Fort Lauderdale FL 33394 (Complete Part II if there is a noncash contribution.) (c) (a) (b) Type of contribution Aggregate contributions No. Name, address, and ZIP + 4 2.... Person Seitlin Law Firm Payroll 233 East Bay Street X \$ 28,000 Noncash Jacksonville FL 32202 (Complete Part II if there is a noncash contribution.) (c) (b) (a) Aggregate contributions Type of contribution Name, address, and ZIP + 4 No. University of Miami Children & Youth Law Clinic 1311 Miller Drive 3... Person Payroll \$ 23,750 X Noncash Coral Gables FL 33146 (Complete Part II if there is a noncash contribution.) (b) (c) (d) (a) Type of contribution Name, address, and ZIP + 4 Aggregate contributions No. 4... Boardroom Communications Person 1775 N Pine Island Rd Payroll X 24,000 Noncash Plantation FL 33322 (Complete Part II if there is a noncash contribution.) (d) (b) (c) (a) Aggregate contributions Type of contribution Name, address, and ZIP + 4 No. White & Case LLP 5 Person

200 Central Avenue Suite 1600

(b)

Name, address, and ZIP + 4

Tampa FL 33601

FL 33131

Miami

Holland & Knight

50 North Laura Street

Pavroll

Person

Payroll

Noncash

Noncash

X

X

(Complete Part II if there is a noncash contribution.)

(d)

Type of contribution

(Complete Part II if there is a noncash contribution.)

64,199

112,215

(c)

Aggregate contributions

(a)

No.

6

of 2 of Parti Schedule B (Form 990, 990-EZ, or 990-PF) (2010) Employer identification number Name of organization 52-2372998 Florida's Children First, Inc. Part I Contributors (see instructions) (c) (d) (a) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. 7.... The Filson Law Firm Person 2727 S Tamiami Trail Payroll X \$ 37,500 Noncash Suite 2 FL 34239 Sarsotta (Complete Part II if there is a noncash contribution.) (d) (c) (b) (a) Type of contribution Aggregate contributions No. Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) (c) (a) (b) Type of contribution Aggregate contributions No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) (c) (d) (b) (a) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) (b) (a) Type of contribution Aggregate contributions Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) (b) (c) (a) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. Person Payroll Noncash (Complete Part II if there is

a noncash contribution.)

Page 1 of 2 of Part II

Name of organization
Florida's Children First, Inc.

Employer identification number 52-2372998

Part II	Noncash Property (see instructions)		<del></del>
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	Legal services	\$ 52,000	12/31/10
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	Legal services	\$ 28,000	12/31/10
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	Legal services	\$ 23,750	12/31/10
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	Public relations work	\$ 24,000	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	Legal services	\$ 64,199	12/31/10
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	Legal services	\$ 112,215	12/31/10

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Page 2 of 2 of Part II

Name of organization
Florida's Children First,

Employer identification number 52-2372998

art II	Noncash Property (see instructions)		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	Legal services	\$ 37,500	12/31/10
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
,		\$	

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

## Political Campaign and Lobbying Activities

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

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No. 1545-0047
2010
Open to Public

Schedule C (Form 990 or 990-EZ) 2010

Department of the Treasury Internal Revenue Service

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

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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

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

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

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

• (	Section 501(c)(4), (5), or (6) organizations: Complete Part III.				
Na	me of organization Florida's Children Fi			Employer identifi 52-23729	98
Pa	t I-A Complete if the organization is exem	pt under section 501(c)	or is a section	527 organizatio	1
1 2 3	Provide a description of the organization's direct and indirect Political expenditures Volunteer hours	t political campaign activities in	Part IV.	<b>&gt;</b> \$_	
Pai	t I-B Complete if the organization is exem	pt under section 501(c)	(3).		
1	Enter the amount of any excise tax incurred by the organizat	tion under section 4955		,	<del>_</del>
2	Enter the amount of any excise tax incurred by organization	managers under section 4955		<b>&gt;</b> \$	- <b></b>
3	If the organization incurred a section 4955 tax, did it file Form	n 4720 for this year?			
4a	Was a correction made?				Yes No
	If "Yes." describe in Part IV.				
Pa	t I-C Complete if the organization is exem			n 501(c)(3).	
1	Enter the amount directly expended by the filing organization			<b>►</b> ¢	
_	activities	, , ,			
2	Enter the amount of the filing organization's funds contribute			<b>▶</b> ¢	
•	527 exempt function activities  Total exempt function expenditures. Add lines 1 and 2. Enter	here and on Form 1120-POI			
3	•			<b>▶</b> \$	
4	line 17b  Did the filing organization file Form 1120-POL for this year?				Yes No
5	Enter the names, addresses and employer identification num	ber (EIN) of all section 527 pol	itical organizations to	which the filing	
Ť	organization made payments. For each organization listed, e				
	the amount of political contributions received that were prom				
	as a separate segregated fund or a political action committee				<u> </u>
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1)					·
2)					
3)					
4)					
5)					
6)					_

Sche	edule C (Form 990 or 990-EZ) 2010 F1	orida's Chi	ldren First	, Inc.	52-23729	98 Page 2
	rt II-A Complete if the organi	zation is exempt	under section 50	)1(c)(3) and file	d Form 5768 (elec	tion under
	section 501(h)).	, p				
١ (	Check 🕨 🔲 if the filing organizat					
3 (	Check 🕨 🦳 if the filing organizat	ion checked box	A and "limited co	ntrol" provisions	apply.	
	Limits on Lo	bbying Expendite	ures		(a) Filing	(b) Affiliated
	(The term "expenditures"	means amounts p	aid or incurred.)	-	organization's totals	group totals
1a	Total lobbying expenditures to influence pu	blic opinion (grass roo	ts lobbying)			
	Total lobbying expenditures to influence a l					
	Total lobbying expenditures (add lines 1a a					
	and the second second					
е	Total exempt purpose expenditures (add lin					
	Lobbying nontaxable amount. Enter the am	*				
	columns.	·		l		
ſ	If the amount on line 1e, column (a) or (b) is:	The lobbying nonta	xable amount is:			
ı	Not over \$500,000	20% of the amount on			a a a	
ľ	Over \$500,000 but not over \$1,000,000	†	the excess over \$500,000		en grandin	
-	Over \$1,000,000 but not over \$1,500,000	<del>                                     </del>	the excess over \$1,000,00	o		
ı	Over \$1,500,000 but not over \$17,000,000	1	he excess over \$1,500,000			
ŀ	Over \$17,000,000	\$1,000,000	***			
_	Grassroots nontaxable amount (enter 25%	<del>'' ' '</del>				
	Subtract line 1g from line 1a. If zero or less		· · · · · · · · · · · · · · · · · · ·			
	Subtract line 1f from line 1c. If zero or less,			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	If there is an amount other than zero on eith		id the organization file I			
,	reporting section 4911 tax for this year?					Yes No
	reporting section 4511 tax for this years					
			g Period Under S			_
	(Some organizations that	it made a sectioi	n 501(h) election	do not have to	complete all of the	e five
	columns be	low. See the inst	ructions for lines	2a through 2f	on page 4.)	
	Lobi	ovina Expenditu	es During 4-Year	Averaging Pe	riod	
		Syming Exponential				
	Calendar year (or fiscal year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
	beginning in)	(4, 200.	()	(-7		``
					· ·	
2a	Lobbying nontaxable amount					
	Lobbying ceiling amount	za otio socio se		1300		
_	(150% of line 2a, column(e))					
	(100 % of thic Ed, coldinate))					
C	Total lobbying expenditures					
đ	Grassroots nontaxable amount					
Α	Grassroots ceiling amount					
	(150% of line 2d, column (e))	1	200			
	Tree to the Ed, column left					
f	Grassroots lobbying expenditures					1

Schedule C (Form 990 or 990-EZ) 2010

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

and political expenditure next year?

Schedule C, Part II-B, Line 1i

Florida's Children First, Inc. (FCF) hired a consultant the duties of
which included in some part the attempt to influence legislation that in
the opinion of the organization would improve child welfare services by
contacting individual legislators. FCF staff and Florida Youth Shine
members are sometimes asked questions, provide information, testify at

Schedule C (Form 990 or 990-EZ) 2010 Florida's Children First, Inc.	52-2372998	Page <b>4</b>
Part IV Supplemental Information (continued)	<del> </del>	
hearings and educate on the subject of a bill.		
	,	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047
2010
Open to Public

Inspection

Employer identification number Name of the organization 52-2372998 Florida's Children First, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year ..... Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a 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 a Total number of conservation easements 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, 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 tax year ▶ 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, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, 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 XIV, 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" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance 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 XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance 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) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X .

		A1 13 1			E0 005	22000			D 3
	dule D (Form 990) 2010 Florida's	Children Fir	St, Inc.		52-237		eente /	continue	Page <b>2</b>
	Using the organizations Maintaining Countries organization's acquisition, accession,						ssers (	COHUITUG	u)
3	Using the organization's acquisition, accession, access	and other records, check a	any of the following	mat are a	a signinicani us	e ui iis			
а		d Loan o	r exchange progran	ne					
	H _ '		r exchange program						
b	Preservation for future generations	e 🗀 Oulci							
С 4	Provide a description of the organization's collect	tions and avalain how the	v further the organi	zation's e	vemnt numose	e in Part			
4	XIV.	Mons and explain now the	y luither the organia	zations o	Acript purpose				
	During the year, did the organization solicit or re	ucaive donations of art his	torical treasures or	other sim	nilar				
5	assets to be sold to raise funds rather than to be							Yes	∏ No
. D.	rt IV Escrow and Custodial Arrar	gamente Complete	if the organiza	ation ar	swered "Y	es" to F	orm 99		
	line 9, or reported an amoun	t on Form 990 Part						o,	-,
4-	Is the organization an agent, trustee, custodian						<u>-</u>		
ıa								Yes	☐ No
	included on Form 990, Part X?  If "Yes," explain the arrangement in Part XIV and							□	□•
D	ir res, explain the arrangement in Part AIV and	a complete the following to	ibie.				1	Amount	
	Declaries tolores					1c	1		<u>_</u>
	Beginning balance						1		
	Additions during the year						1	-	
	Distributions during the year						1		
	Ending balance					· · · · <u> </u>		T 7	
	Did the organization include an amount on Form	990, Part X, line 21?				,		∐ Yes	∐_ No
	If "Yes," explain the arrangement in Part XIV.	t- if executivation on	owarad "Vaa" to	Form	000 Part I	V line 1	<u> </u>		
1.3	rt V Endowment Funds. Comple					(d) Three y		(e) Four y	eare hack
		(a) Current year	(b) Prior year	(C) IW	o years back	(a) Three y	ears back	(e) roury	
	Beginning of year balance			-		2.2.4			21 1 2 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
þ	Contributions						12 3 13 9 15 6		
C	Net investment earnings, gains, and							40.00	
	losses			<u> </u>					
d	Grants or scholarships			<del> </del>				10. De la la la la la la la la la la la la la	
0	Other expenditures for facilities and						# <b>*</b>		
	programs						il prode		<b>20</b>
f	Administrative expenses					7 . 2 . 7			
g	End of year balance			1			diwal a	3 3 6 M	
2	Provide the estimated percentage of the year en	d balance held as:							
а	Board designated or quasi-endowment	%							
b	Permanent endowment ▶								
c	Term endowment ▶ %								
3a	Are there endowment funds not in the possession	n of the organization that	are held and admin	istered fo	r the				
	organization by:							Y	es No
	(i) unrelated organizations	,						3a(i)	
	(ii) related organizations	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations lis	ted as required on Schedu	ile R?					3b	
4	Describe in Part XIV the intended uses of the or								
	rt VI Land, Buildings, and Equipr			0.					
	Description of investment	(a) Cost or other basis	(b) Cost or other		(c) Accur	nulated		(d) Book va	lue
		(investment)	(other)		deprec	iation			
1a	Land				2.1.	1.00 (			
	Buildings								
	Leasehold improvements								
	Equipment		26	,651		24,75	7		1,894
	Other	· · · · · · · · · · · · · · · · · · ·							
	. Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part X, colum	n (B), line 10(c).)				<b>•</b>		1,894

Schedule D (Form 990) 2010 Florida's Children Firs	t, Inc.	52-2372998	Page 3
Part VII Investments—Other Securities. See Form 990, I	Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuation:	
(including name of security)		Cost or end-of-year market va	lue
(1) Financial derivatives			
(2) Closely-held equity interests			-
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)	<del></del>		
(F)	<del></del>		
. <u>(G)</u>	<u>.</u>	-	
(H)	<del></del>	_	
(I) Takel (Caluma (b) must agual Form 000 Part V cal (P) line 12)	· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments—Program Related. See Form 990,	Part X line 13		
(a) Description of investment type	(b) Book value	(c) Method of valuation:	
(a) Bessipton of infosting type	(-)	Cost or end-of-year market va	lue
(1)	<u> </u>		
(1)			
(3)	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	<u></u>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description		(b) E	3ook value
(1)			<del></del>
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	, .		<del></del>
(9)	<del></del>		
(10)		<b>-</b>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X  Other Liabilities. See Form 990, Part X, line 25.			
1. (a) Description of liability	(b) Amount		7
(1) Federal income taxes	· <u>·</u>		
(2)			(1) 1,5 (1) (1)
(3)			
(4)	<del></del> .		
(6)	· · · · · · · · · · · · · · · · · · ·		
(7)			
(7)			
(9)	·		
(10)			
(11)	<del></del> -		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			t.
Totals (Column to) industry quart of the column column to the column to			

<sup>2.</sup> FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Sche	ule D (Form 990) 2010 Florida's Children First, I		-23/2998	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990	to Audited Financ	ial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	884,465
2	Total expenses (Form 990, Part IX, column (A), line 25)			963,106
3	Excess or (deficit) for the year. Subtract line 2 from line 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-78,641
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8			70 641
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			-78,641
Pa	t XII Reconciliation of Revenue per Audited Financial State		L I	004 465
1	Total revenue, gains, and other support per audited financial statements			884,465
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	11		
а	Net unrealized gains on investments	2a		
	Donated services and use of facilities			
	Recoveries of prior year grants			
	Other (Describe in Part XIV.)			
	Add lines 2a through 2d			884,465
	Subtract line 2e from line 1		3	554,465
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV.)	4b	10000000	
	Add lines 4a and 4b			884,465
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 <u> </u>	884,463
	TXIII Reconciliation of Expenses per Audited Financial State			963,106
	Total expenses and losses per audited financial statements			
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	n=		
	Donated services and use of facilities			
	Prior year adjustments	· · · ·   - <del> </del>	211 30 E	
	Other losses	···· <del>   </del>		
	Other (Describe in Part XIV.)			
	Add lines 2a through 2d			963,106
	Subtract line 2e from line 1			<u> </u>
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a	2 to 1 to 1 to 1 to 1 to 1 to 1 to 1 to	
	Investment expenses not included on Form 990, Part VIII, line 7b	1	44.00	
	Other (Describe in Part XIV.)	Little	4c	
C	Add lines 4a and 4b		5	963,106
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			000/,000
	t XIV Supplemental Information	ince to and to Dark IV. lie	and the and the	
	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,			
	, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d	and 40. Also complete all	is part to provide	
ny a	dditional information.			
	•••••			
				,
• • •				
		-	Schedule	D (Form 990) 2010

#### FCF 05/12/2011 4:46 PM

Schedule D (Fo	rm 990) 2010	Florida's	Children	First,	Inc.	52-2372998	Page 5
Part XIV	Supplementa	Florida's	(continued)				
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SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No. 1545-0047

Name of the organization

Florida's Children First, Inc.

Open To Public Inspection

Employer identification number

52-2372998

Part I	Excess Benefit Transactions (seed Complete if the organization answered "Yes"	tion 501( on Form	(c)(3) 1 990,	and section Part IV, lin	n 501(c)(4) org ne 25a or 25b,	janizations only). or Form 990-EZ, Part V, lii	ne 40b.	<u>-</u>					
4	(a) Name of disqualified person				(b) Description of transaction						(c) Corrected		
1	(a) Name of disquamed person					(b) Book plant at a second				Yes	•	No	
_(1)					. <del></del>						_		
(2)										<del> </del>			
										-			
(4)	·												
_(5)										-	_		
under se	amount of tax imposed on the organization m	<i></i> .						\$			1		
3 Enter the	amount of tax, if any, on line 2, above, reimbut Loans to and/or From Interested			ganization		,	<u> </u>	<u> </u>	<del></del>				
	Complete if the organization answered "Yes"					990-EZ, Part V, line 38a.	10-3-1-	1.7.90	1 (D. A.		(=\ \ \	124	
(a) Name of interested person and purpose		or fro	oan to on the zation?	(c) Original principal amount		(d) Balance due						y) Written preement?	
		To				Yes	No	Yes	No	Yes	No		
(1)											_		
(2)									_				
400													
										i			
					<del>-</del> .								
(0)													
(6)				<u></u>									
_(7)							_						
(8)			-				<del>                                     </del>		_				
(9)	<del></del>					<u> </u>							
(10)													
Total	· · · · · · · · · · · · · · · · · · ·					\$					31.51		
Part III	Grants or Assistance Benefiting Complete if the organization answered "Yes"	<b>Interes</b> on Form	<b>ted</b> 990,	Persons Part IV, lir	s. ne 27.								
	(a) Name of interested person			(b)		veen interested person and the rganization	(c)	Amoun	t and t	ype of	assista	ince	
`(1)		•											
(2)						·							
(3)							4						
(4)						<del></del>	<del> </del>						
(5)	<u> </u>						-						
(6)							+						
				_			+						
(8)			··· —-				+						
<u>(9)</u> (10)	<u> </u>						+						

Schedule L (f	orm 990 or 990-EZ) 2010				<u></u>	Р	age 2
Part IV	Business Transactions Involving In	terested	Persons.				
	Complete if the organization answered "Yes" on	Form 990,	Part IV, line 28a	, 28b, or 28c			Ch
	(a) Name of interested person		onship between	(c) Amount of	(d) Description of transaction	(e)	Sharing forg. enues?
			person and the anization	transaction		Yes	
				12 000	Consulting	168	X
	Communications	Board	Member	12,000	Consulting		╁┸
(2)						-	1
(3)				-		_	ŀ
(4)							
(5) (6)		-				$\top$	
(7)				- "	-		
(8)							
(9)							_
(10)							<u> </u>
Part V	Supplemental Information						
	Complete this part to provide additional informat	ion for resp	onses to questio	ns on Schedule L (see	instructions).		
			·				
		<u></u>	<del>-</del>		<u> </u>		
			_			-	
					<u> </u>		
	· · · · · · · · · · · · · · · · · · ·						
		<del>.</del>			<del></del>		
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	<u> </u>						
	· · · · · · · · · · · · · · · · · · ·			·			
							·
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			<del></del> ,				
<u> </u>				·			
_			·				

Department of the Treasury

Internal Revenue Service

# SCHEDULE M (Form 990)

**Noncash Contributions** 

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

Attach to Form 990.

OMB No. 1545-0047

2010

Open To Public Inspection

Employer identification number Name of the organization 52-2372998 Florida's Children First, Inc. Part i Types of Property (c) (d) (b) (a) Noncash contribution Check if Number of contributions or Method of determining amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art-Works of art Art—Historical treasures Art—Fractional interests ...... Books and publications Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property ..... 8 Securities—Publicly traded ...... 9 Securities—Closely held stock .... 10 Securities-Partnership, LLC, or trust interests ...... Securities—Miscellaneous ...... 12 Qualified conservation 13 contribution—Historic structures ..... Qualified conservation contribution—Other Real estate—Residential 15 Real estate—Commercial ...... 16 17 Real estate—Other Collectibles 18 Food inventory 19 20 Drugs and medical supplies 21 Taxidermy Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 13 391,020 Other ▶ (Professional) 25 26 Other ▶( \_\_\_\_\_) 27 Other ▶( .....) 28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Schedule M (Forn	n 990) (2010)	Florid	a's C	hildren	First,	Inc.	5:	2-2372998	_	Page <b>2</b>
Part II	Suppleme and 33. A	ental Info Also comp	rmation. lete this p	Complete part for any	this part to additional	provide the	ne information.	2-2372998 on required by	Part I, lines	30b, 32b,
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#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
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Name of the organization

Florida's Children First, Inc.

Employer identification number 52-2372998

Form 990 - Organization's Mission or Most Significant Activities

Organization's Mission or Most Significant Activities

Florida's Children First, Inc. (FCF) is a statewide child advocacy
organization that fights for Florida's most vulnerable children. FCF is
concerned with all at-risk children who are or should be served by the
state, and our primary work focuses on efforts to improve the child welfare
system. We work hard to improve outcomes for older youth who are about to
leave the foster care system, and young adults who have already "aged out"

including public policy development, on-going training and technical assistance, legislative and judicial education, and where necessary, strategic litigation.

In 2010, FCF focused on providing technical assistance, training, and continuing its youth empowerment work through Florida Youth

of that system. Our advocacy is done by using a range of strategies

SHINE, a group of youth currently and formerly in foster care learning to be their own best advocates. FCF has published several resource guides and technical assistance papers and currently is finalizing an Adult Adoption Guide which includes the detailed process and forms for adults formerly in foster care to be adopted and have a permanent family. This publication will be printed and distributed in 2011. FCF also offered trainings to more records.

FCF also offered trainings to more than 800 judges, attorneys,

Medications, Concurrent Custody, Independent Living & Transition Planning,

and Needs of Disabled Youth in State Care. FCF also provided training on

the trauma of removal with foster youth from Florida Youth SHINE to over

Name of the organization

Florida's Children First, Inc.

Employer identification number 52-2372998

use of psychotropic medication with foster youth

FCF also continued its

for Children's Legal Services Grantees of The Florida Bar Foundation.

Form 990, Part III, Line 4a - First Achievement that region. Moreover, FCF worked to improve access to needed health care, mental health care and developmental services for children in care. FCF, through its staff, Board, volunteers, and supporters maintained and developed excellent use of media so that the public would be better informed of the issues facing foster youth and would understand their problems, issues, and concerns. This led to printing and airing of news spots featuring foster youth and their problems on television, radio, and in newspapers throughout the state, as well as editorials and guest editorials. Throughout the year, FCF worked with the DCF Secretary and Administrators on crucial issues affecting children and assisted in the change of policies or practices needed to obtain services for children. Furthermore, FCF continued to secure representation for children for whom DCF identified unmet legal needs. FCF continued the pro bono project called JFFY-LAST (Justice For Foster Youth - Lawyers Assisting Successful Transition), in which attorneys donated their time to review the civil legal needs of young people who aged out of foster care. This project successfully matched 120 young adults to an attorney who conducted a "Legal Health" check up and could help meet those legal needs, when appropriate, and will be continuing in 2011.

Form 990, Part III, Line 4b - Second Achievement
with the other chapters. Often these issues become focus points for an area

Name of the organization

Florida's Children First, Inc.

Employer identification number 52-2372998

where the opportunity for systemic improvement in the child welfare system exists. FYS works to be solution based, presenting a problem and offering a solution In this way they "reach back" to help those still in foster care. The steps to take Florida Youth SHINE to the next level began in 2009, almost tripling in size in 2010 and will continue in the next year to increase membership and to actively recruit younger youth to be a voice for those left in the system. FCF arranged to have Florida Youth SHINE members attend 4 leadership meetings, including one 4-day meeting during Children's Week in Tallahassee where the youth met with the Governor, the secretary of DCF and many state legislators. FYS also developed and ran youth advocacy training for over 60 children during Children's Week during the 2010 Florida legislative session in Tallahassee. Also, at the Dependency Summit in Orlando, Florida, FYS conducted three panel discussions. Two panel discussions were presented to over 200 child welfare professionals on the topic of Trauma of Removal when foster children are removed from their families. The third panel discussion concerned Youth In Court, giving a voice to youth in their dependence proceedings. Continuing its work on educating older youth on their rights and responsibilities, FCF and FYS also authored "Adult Adoption - Creating a Lifelong Bond and Legal Connection to be printed and distributed in the next fiscal year. FCF staff and FYS volunteers served for months on the 2010 Independent Living Redesign workgroup and were subsequently called on by the Department of Children and Families to hold phone conference meetings with FYS youth all over the state of Florida to review the proposed changes to the Independent Living statute. FYS also participates in the Statewide Independent Living Services Advisory Council which focuses efforts on improving life skills programs and promoting measurable outcomes

FCF Florida's Children First, Inc.

52-2372998

## **Federal Statements**

5/12/2011 4:46 PM

FYE: 12/31/2010

## Form 990, Part IX, Line 11a - Other Fees for Service (Non-employee)

Description	 Total Expenses	 Program Service	gement & eneral	Fund Raising		
Professional Other Professional Other	\$ 46,743 4,991	\$ 46,510 4,991	\$ 116	\$ 	117	
Total	\$ 51,734	\$ 51,501	\$ 116	\$	117	