FILE COPY

Sullivan & Fengler 3031 NE 22nd Street Fort Lauderdale, FL 33305-1825

Florida's Children First, Inc. 1401 University Drive #408 Coral Springs, FL 33071-8920 Form 990

Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

2015
Open to Public Inspection

For the 2015 calendar year, or tax year beginning and ending Check if applicable; C Name of organization D Employer identification number Address change Florida's Children First, Inc. Doing business as Name change 52-2372998 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Initial return 1401 University Drive #408 954-796-0860 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Coral Springs FL 33071-8920 937,210 Amended return G Gross receipts \$ Name and address of principal officer: Application pending H(a) Is this a group return for subordinates? Howard Talenfeld X No 1776 N Pine Island Rd H(b) Are all subordinates included? Plantation FL 33322 If "No," attach a list. (see instructions) X 501(c)(3) 501(c) (Tax-exempt status: 4947(a)(1) or) (insert no.) floridaschildrenfirst.org Website: H(c) Group exemption number Form of organization: X Corporation Trust Association L Year of formation: 2002 M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: ctivities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 28 4 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 600 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** 8 Contributions and grants (Part VIII, line 1h) 962,553 919,114 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 14,278 18,096 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 976,831 Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 437,481 412,530 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ► 63,588 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 531,075 575,391 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 987,921 968,556 19 Revenue less expenses. Subtract line 18 from line 12 8,275 -50,711Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 504,871 440,915 21 Total fiabilities (Part X, line 26) 17,482 21,463 22 Net assets or fund balances. Subtract line 21 from line 20 487,389 419,452 Signature Block Under penalties of perjury, I declare that I have examined this return, including true, correct, and complete. Declaration of preparer (other than of the law is the companying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than of all information of which preparer has any knowledge. Sign Signature of officer Here Type or print name and title Print/Type preparer's name Preparer's signature Date Check $|\mathbf{X}|$ if Paid Mauren Maureen S. Fengler 06/10/16 self-employed Preparer Sullivan & Fengler Firm's name Firm's EIN 65,0002115 **Use Only** 3031 NE 22nd Street Fort Lauderdale, FL 33305~1825 954-561-2826 Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) Yes

Form 990 (2015) Florida's Ch.	ildren First, Inc.	52- <u>23</u> 72998	Page 2
	n Service Accomplishments		
	ontains a response or note to any	line in this Part III	X
1 Briefly describe the organization's miss	sion:		
See Schedule O			

• • • • • • • • • • • • • • • • • • • •			
2 Did the organization undertake any sig	nificant program capitoes during the year a	which were not listed on the	
i F 000 000 F70			Yes X No
If "Yes," describe these new services of	on Schedule O.		165 22 100
3 Did the organization cease conducting		ducts, any program	
convices?			Yes X No
If "Yes," describe these changes on So			
4 Describe the organization's program se	ervice accomplishments for each of its thre	e largest program services, as measure	d by
expenses. Section 501(c)(3) and 501(c	c)(4) organizations are required to report th	e amount of grants and allocations to ot	hers,
the total expenses, and revenue, if any	, for each program service reported.		
4a (Code:) (Expenses \$	523,487 including grants of	\$ (Reve	nue \$
Improving General Ch	ild Welfare		
Tienidale Children T			
Fiorida's Children F	irst is the go-to or	ganization when see	king solutions
to problems in child	welfare. FCF is ac	tively involved in	nerbing
professionals across	Florida join togeth	er to review propos	ed agency rules
and to drait comment	s and suggestions, w	ith the ability to	appeal if the
training materials d	with the law. FCF	takes the lead in p	resenting
	uring each step of to		
issues and progress	d youth, public and this results in a	professionals are a	ware or the
of which can be easi	ly and freely access	ed on our website f	or use by all
	Ty and Treery access	ed OH OUL WEDSICE I	or use by arr.
4b (Code:) (Expenses \$	358,469 including grants of	\$) (Reve	nue \$
Improving Outcomes f	or Older Youth:	, (1010	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
*			
FCF gives a voice to	the youth, teaching	children in care a	nd those who
have left care to be	come the face for all	l issues, this is t	he most
effective tool in im	proving outcomes for	older youth. Yout	h teach us the
way to make the syst	em better. Florida's	Children First pro	vides the
support, structure,	quidance and education	on to empower child:	ren and vouth to
become effective adv	ocates through its ye	outh advocacy organ	ization, Florida
become effective adv Youth SHINE (FYS).	FYS, with 12 Chapter	s across the state,	have become a
strong, credible and	effective voice to	represent the diffic	culties facing
the older youth in t	he foster care system	n .	
4c (Code:) (Expenses \$	including grants of	\$	nue \$)
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• • • • • • • • • • • • • • • • • • • •			

4d Other program services (Describe in Sc	chedule O.)		
(Expenses \$	including grants of \$) (Revenue \$)
4e Total program service expenses ▶	881,956		

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	Γ	Yes	No
	complete Cabadule A	1	x	1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	\vdash
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	······		+
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	······		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	·····	-	\vdash
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		i	Ī
	Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	······		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			l
	"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
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	······		25
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable,			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		:::::::::::::::::::::::::::::::::::::::	**********
	The state of the s	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	······ a		-
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	······ 110		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	·····		
	reported in Part X, line 162 if "Ves." complete Schodulo D. Bort IV	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ŀ	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	·····	-	<u> </u>
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	l	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a				$\frac{\mathbf{x}}{\mathbf{x}}$
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a	-	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	445	- 1	v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		<u> </u>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	4-		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		<u> </u>
-	assistance to or for foreign individuals? If "Yes" complete Schedulo E. Bodo III and IV	,,	ł	v
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		<u> </u>
••	Part IX, column (A), lines 6 and 11e2 if "Ves." complete Schedule C. Part I (ass instructions)	_		37
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		<u> </u>
18	The and organization report more than \$15,000 total or fundraising event gross income and contributions on	1 1		
18	Part VIII. lines 1c and 8a2 If "Ves." complete Schedule C. Dort II.	1 1	- 1	77
18 19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	•	X

20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No.
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			T
	domestic government 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 or other assistance to or for domestic individuals on		-	Т
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			⇈
	organization's current and former officers, directors, trustees, key employees, and highest compensated			l
	employees? If "Yes," complete Schedule J	23		K
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		2
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
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		i
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Г
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			Ē
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		2
5	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
	current or former officers, directors, trustees, key employees, highest compensated employees, or	1 1		l
	discussified persons? If "Ves." complete Schedule I. Bort II	26		3
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			i
	entity or family member of any of these persons? If "Ves." complete Schedule I. Port III	27		Х
}	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		*****	*****
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		····X
)	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		
	Schedule I. Part IV	206		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		
	Was an officer, director, trustee, or direct or indirect owner? If "Ves." complete Schodulo I., Port IV	20-		v
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	x	X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	-	
	concention contribution of 15 M/s - 11 1 1 1			v
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		_X
	Deat !		ı	37
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		Х
	complete Cahadula N. Dad II		ŀ	37
}	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
	continue 201 7701 2 and 201 7701 20 KW/s - K		İ	**
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33		X
	or IV and Dort V line 4			
а	Did the organization have a posterilled actile within the promise of a site. 544,000.	34		X
)	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
•	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	\longrightarrow	
	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>
	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,		- 1	_
	Part VI	37		X
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38		X

Form 990 (2015)

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X account)? 4a If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 8 Sponsoring organizations maintaining donor advised fundsDid a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations.Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations.Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2015) Florida's Children First, Inc. 52-2372998 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 28 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? X d8 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b X 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 X 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? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure

- List the states with which a copy of this Form 990 is required to be filed ► FL 17
- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 - |X| Own website |X| Another's website |X| Upon request: | Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ 20

Christina L. Spudeas

1401 University Drive

954-796-0860

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FUF	06/10/2016	11:41	AM
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Form 990 (2015	5) Florida's Children First, Inc. 52-2372998	
Part Vii	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and	Page
	machendent contractors	a
	Check if Schedule O contains a response or note to any line in this Part VII	
.	The state of the day and all all all all	

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.

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

(A) Name and Title	(B) Average			Po	(C) sition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	l b	ox, un	iess p	erson	than or is both a	an	compensation from	compensation from related	amount of
	(list any hours for					or/truste		the organization	organizations	other compensation
	related	or director	Institutional	Officer	ey o	eng H	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations below dotted	ector au	i di	"	emplayee	St CC	Ē			and related
	line)	Lust	al trustee		yee	n per				organizations
		ļ ă	i de			Highest compensated employee				
(1) David Bazerman		+-	+	┢╌			-			
	1.00				İ		j			
Director	0.00	X			ŀ		-	o	0	^
(2) Rosemary Armstro	ng									0
	1.00	.							į	
Director	0.00	X							0	0
(3) Theodore Babbitt			ļ			i				
Dimenta	1.00	l					1			
Director (4) Dick Batchelor	0.00	X					4	0	0	0
(4)Dick Batchelor	1 00						ı			· · · · · · · · · · · · · · · · · · ·
Director	1.00	x						_		
(5) Walter Campbell	 .Tr	^	<u> </u>		_	-+	+	0	0	0
(-,	1.00	İ								
Director	0.00	x					1	o		_
(6) Justin Taylor						_	\dagger		0	0
-	1.00		i			-	ł			
Director	0.00	x			İ	- 1		o	o	^
(7) Richard Filson			\Box		寸		1			0
	1.00			ı						
Director	0.00	X				_		0	o	0
(8) Nathan Cook					\Box		ı			
	1.00	1		ŀ	- 1	1	1			
Director	0.00	X	_	_				0	o	0
(9) Melissa Lader Ba		ı		j	ı	İ				
Director	1.00			1	-			_ (0		
(10) Carlos Martinez	0.00	X		-	\dashv	_ _	+	0	0	0
(10) Cartos Marchiez	1.00		Ī	- 1						
Director	0.00	x	ĺ				ł			
(11) Bernard Perlmutte	er		+		\dashv	+	╀		0	0
	1.00	- 1								
Director	0.00	x			ĺ			o	o	0
DAA							٠.	<u> </u>		O Form 990 (2015)

, (A) Name and title	(B) Average hours per week	(d	do not ox, un	Po: check ess p	(C) sition (more erson	than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(fist any hours for related organizations below dotted line)	or director	T =	Officer	Key employee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(12) Julie Talenfe	1				T		-			
Director	0.00								_	
(13) Jesse Diner	0.00	X	\vdash		<u> </u>			0	0	0
Dimethe	1.00									
Director (14) Christina Zaw	0.00 isza	X						0	0	0
,	0.00									
Director Emeritus (15) Jodi Seitlin	0.00	X						0	0	0
(15) Sour Sertim	1.00									
Director	0.00	X						0	0	0
(16) Richard Slaws	on 1.00									
Director	0.00	x						o	0	0
(17) Joel Fass	1 00								-	
Director	1.00 0.00	x			ı			o	o	0
(18) Alan S. Levin	е					1			0	0
Director	1.00 0.00	x								_
(19) Todd McPharli		Λ		-		-	\dashv	- 0	0	0
	1.00									
1b Sub-total	0.00	X					\dashv	0	0	0
c Total from continuation shee								110,608		
d Total (add lines 1b and 1c) Total number of individuals finds	uding but ant Kan					<u>)</u>	<u> </u>	110,608		
Total number of individuals (inclusive reportable compensation from the reportable compensatio	ne organization	ilea i	0 thc 1	se II	stea	abov	e) w	no received more than \$100	0,000 of	
o Did any person listed on line 1a	omplete Schedul I a, is the sum of ations greater th receive or accrue	e J for report an \$1 	or su rtable 150,0 	ch in e cor 000? satio	nper If "Y	ual satio es," o	on ar	nd other compensation from plete Schedule J for such	the	Yes No 3 X 4 X
for services rendered to the orga Section B. Independent Contractors	anization? If "Yes	," co	mple	te S	ched	ule J	for s	such person	·····	5 X
1 Complete this table for your five	highest compens	sated	inde	pen	dent	cont	racto	ors that received more than	\$100,000 of	
compensation from the organization	tion. Report com (A) usiness address	pens	ation	for	the c	alen	dar y	rear ending with or within the	e organization's tax year.	10)
Name and bu	úsíness address					\dashv		Description	B) n of services	(C) Compensation
			,					<u> </u>		
	·					+				
	·					_				
						+				
2 Total number of independent con	tractore /includia	an her	ot net	limit	0d 4-		no #	tod charal		
received more than \$100,000 of	compensation from	om th	e org	ganiz	ation	1 DE	SE 118	eu above) wno	0	

Page 8

The state of the s	, D.100t010, 11t	****	, i	.,.	- III P	Oye	33, 0	ind riighest Compensate	d Linbioyee&condined)	
Name and title	(B) (C) Average Position hours per (do not check more than box, unless person is bot officer and a director/trus hours for					is both	n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated emptoyee	Farmer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(20) Edith Osman		╁┈	<u> </u>							
<u></u>	1.00								_	_
Director (21) Angelica Pala	0.00	X						0	0	0
(21) Imigerica rate	1.00									
Director	0.00	x					L.	0.	o	o
(22) Teresita Chav	1	sa								
Dimadan	1.00	\ •							_	
Director (23) John Schickel	0.00	X						0	0	. 0
	1.00									·
Director	0.00	X						0	0	0
(24) Joseph Stanto	1 .		İ					٠		
Director	1.00	x						o	o	o
(25) Miles McGrane		-				Н				<u> </u>
	0.00						-			
Director	0.00	X			<u> </u>			0	0	0
(26) Howard Talenf	2.00									
President	0.00			X				o	0	o
(27) Gerald Reiss										
M	2.00									•
Treasurer 1b Sub-total	0.00			X		<u> i</u>	_	0	0	0
c Total from continuation shee										
d Total (add lines 1b and 1c).	· · · · · · · · · · · · · · · · · · ·	<u>.</u>			,		>			
2 Total number of individuals (inc			to th	ose I	istec	l abo	ve) v	who received more than \$10	00,000 of	
reportable compensation from t	ne organizacion i									Yes No
3 Did the organization list any for	mer officer, direc	ctor,	or tru	istee	, key	emp	oloye	ee, or highest compensated		3
employee on line 1a? If "Yes," of 4 For any individual listed on line	1a, is the sum of	repo	ortab	le co	mpe	uuai nsati	on a	nd other compensation fron		
organization and related organi.	-							•		
5 Did any person listed on line 1a	receive or accru	 ie co	mpe	 nsati	on fr	om a	 Iny u		 Iividual	4
for services rendered to the org		s," c	ompl	ete S	che	dule .	J for	such person		5
Section B. Independent Contracto 1 Complete this table for your five		-ooto	d ind	lano			ten al	tour that reachined were there	#400 000 of	
compensation from the organization	ation. Report con							year ending with or within the	he organization's tax year.	
Name and	(A) business address							Descripti	(B) ion of services	(C) Compensation
······································										
										
*										
			· · · · · · · · · · · · · · · · · · ·							
2 Total number of independent or received more than \$100,000 o							ose I	isted above) who		
TOUCHTON HIGH BIAN \$ 100,000 0	- compensation i	OIII	uie U	ıyaı	ızalı	VII		<u> </u>		

. (A)		7	, i.			ioye	03, 6	ilu nigilest Compensate	d Employee(continued)	
Name and title	(B) Average			Po	(C) sition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	bo	x, uni	less p	erson	e than is bot	h an	compensation from	compensation from related	amount of
	(list any hours for	off	ficer a	and a	direct	or/trus	tee)	the organization	organizations	other compensation
	related organizations	ndivi or din	Institu	Officer	ey o	BE SE	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	dualt	Institutional	=	Key employee	St St	ª	! 		and related organizations
	line)	Individual trustee or director	l trustee	ĺ	ype 99	Highest compensated employee				<u>.</u>
			ee	ĺ) sated				
(28) Janice LeClar	1					Τ-				<u> </u>
	2.00]								
Secretary (29) Wendy Cox	0.00	-	_	X	ļ.,	<u>L</u> .		0	0	
(=5) Hendy COX	2.00				i					
Vice President	0.00		ļ	X				o		
(30) Christina Spu	deas								0	0
	40.00		İ							
Executive Director	0.00					X		110,608		0
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	1	}	-			- 1				
									•	
1b Sub-total	• • • • • • • • • • • • • • • • • • • •)	•	110,608		
c Total from continuation sheed Total (add lines 1b and 1c)							•			
2 Total number of individuals (inclusive particular from the		ed to	thos		tod.	<u>)</u>	<u> </u>			
reportable compensation from the	e organization	eu io	uioa	SG IIS	ileu i	abov	e) Wi	no received more than \$100),000 of	
3 Did the organization list any form										Yes No
Did the organization list any form employee on line 1a? If "Yes," co For any individual listed on line 4	ner officer, direct Implete Schedule	or, or	trus	tee,	key i dividi	empi	oyee	e, or highest compensated		_
· · · or any marviada listed on line 1	a. is the sum of r	epona	anie	CON	ነከቀበ	eatin	n on	d other componentian from	the	3
organization and related organization	ations greater tha	ın \$15	50,00	00?	lf "Ye	es," c	omp	lete Schedule J for such		
Did any person listed on line 1a	eceive of accure	come	oens	arioi	n troi	m an	V IIni	related organization or indiv	idual	4
ioi services rendered to the orga	nization? If "Yes,	" com	plet	e Sc	hedu	ıle J	for s	uch person	····	5
ection B. Independent Contractors	<u> </u>								· ·	
compensation from the organizat	ion, Report come	ated i ensat	nde; tion	pend for t	ient d he ca	contr alend	actor	rs that received more than \$	\$100,000 of	
Name and bu	A) Isiness address					T	<u>u. y.</u>	ser ending with or within the	organization's tax year. 3) of services	(C)
				_		+		Description	of services	(C) Compensation
						_ [
		-								
						\perp				
	·					-				
						+				
Total number of independent con-	tractors (including	but r	not li	imite	d to	those	e liste	ed above) who		
received more than \$100,000 of c	compensation from	n the	orga	aniza	ation	<u> </u>				

260000	*********	Check	k if Schedule C) contai	ns a response	or note to any line	in this Part VIII		
						(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
S A	1:	Federated car	mpaigns	1a			revenue		512-514
Contributions, Gifts, Grants and Other Similar Amounts	ı	Membership o		1b	****				
9		Fundraising e		1c		\dashv			
iffs	(Related organ		1d	 .	\dashv			
 	,	Government grants		1e		\dashv			
ë.	Ì	f All other contributio		- 10	-	\dashv			
			s not included above	1f	010 11	4			
Ξō		1 Nanasah santributia	i 2-1ans included in lines		919,11 341,65				
SE SE	,					* *			
	 '	Total. Add life	es 1a-1f	<u> </u>	I	***************************************	4		
Program Service Revenue	22	•			Busn. Cod	le :			
ě	E		• • • • • • • • • • • • • • • • • • • •				<u> </u>		-
8	`					-	 		
ξ	١ `	•			····		. ,		
S			• • • • • • • • • • • • • • • • • • • •			-			
grai	٦					··· · ································	<u> </u>	ļ <u> </u>	ļ
P.			am service reveni						
_			es 2a-2f			- 			
	٦		come (including di			10.00			
	4	and other simil				18,096	18,096	<u> </u>	
			nvestment of tax-e					<u> </u>	
	5	Royalles	# PI	·····					
	6-	C	(i) Real	-	(fi) Personal	4			
	6a					_			
	b	Less: rental exps.				_			
	C	Rental inc. or (foss)				_			
	d 7a	Net rental inco Gross amount from		·····	<u> </u>				
		sales of assets (i) Securities (ii) C				4			
		other than inventory		-		_			
	Ø	Less: cost or other							
		basis & sales exps.				_			
	C		<u> </u>			_			
	d	Net gain or (los	ss)	· · · · · · · · · · · · · · · · · · ·	<u>.</u>				
ě	oa		om fundraising events	8					
ē		(not including \$							
Re			eported on line 1c).						
Other Revenu	L	See Part IV, line		_ a		-			
8		Less: direct exp		p		-			
			(loss) from fundra	ising evel	nts				
	Jä		m gaming activities.	_[
ı	L	Loop disest	19	a	-	\dashv			
		Less: direct exp		D		_			
			(loss) from gaming	g activitie:	s <u> </u>		-		
	rva	Gross sales of							
	L		owances	a —	···	-			
		Less: cost of go		- □		_			
ŀ	C		(loss) from sales o	or invento	Busn, Code				
ŀ	11a					-			
	b		• • • • • • • • • • • • • • • • • • • •					·	
	C		• • • • • • • • • • • • • • • • • • • •			 	·		
	d	All other revers	 ле	• • • • • • • • • • • • • • • • • • • •	· · · · · - · · · · · · · · · · · · · ·	 			
	-					 			
	12	Total revenue	s 11a–11d .See instructions.		💆	037.010		_	
		· oral leagiling	. Jee manuchons.	******	<u> </u>	937,210	18,096	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, (A) Total expenses (B) Program service (D) Fundraising Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 334,851 273,662 17,441 43,748 Pension plan accruals and contributions (include <u>7,7</u>07 section 401(k) and 403(b) employer contributions) 6,320 385 1,002 Other employee benefits 45,013 36,580 2,796 5,637 10 Payroll taxes 24,959 20,520 1,233 3,206 Fees for services (non-employees): Management Legal 284,197 282,688 1,509 Accounting 15,115 7,558 3,7793,778 Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f 3,980 3,980 Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 30,000 30,000 Advertising and promotion 12 13 Office expenses 26,434 22,2562,854 1,324 Information technology 14 6,987 6,289 349 349 15 Royalties 16 Occupancy 22,022 19,820 1,101 1,101 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 89,331 80,514 5,778 3,039 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 1,066 958 54 54 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Public awareness/educat 57,313 57,313 b Training and education 36,628 36,628 Dues/fees/licenses 2,318 850 1,118 350 d All other expenses 25 Total functional expenses. Add lines 1 through 24e 987.921 881,956 42,377 63,588 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest bearing 200 Savings and temporary cash investments 56,346 2 Pledges and grants receivable, net 3 5,000 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 6,859 9 1,577 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _______10a 32,236 b Less: accumulated depreciation 10b 29,397 2,353 10c 2,839 Investments—publicly traded securities 11 434,113 11 381,142 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 1,821 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 504,871 16 440,915 Accounts payable and accrued expenses 17 17,482 17 21,463 Grants payable _____ 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 ... 17,482 21,463 Organizations that follow SFAS 117 (ASC 958), check here **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets <u>2</u>73,441 27 267,477 Temporarily restricted net assets 28 213,948 28 151,975 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Total net assets or fund balances 487,389 419,452 33 Total liabilities and net assets/fund balances 504,871 440,915

Form 990 (2015)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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

the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

Form **990** (2015)

X

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Name of the organization

20000000		Florida's C	hildren First,	Inc.		52-	-2372998							
	arti Rea	son for Public Charit	y Status (All organization	ns must con	nplete	this part) See instru	ctions							
The	organization is no	ot a private foundation becau	se it is: (For lines 1 through 11,	check only on	e box.)	·								
1	A church, c	convention of churches, or as	sociation of churches described	l in section 17	70(b)(1))(A)(i).								
2	A school de	escribed in section 170(b)(1)(A)(ii). (Attach Schedule E (For	rm 990 or 990-	-EZ).)		•							
3	A hospital of	or a cooperative hospital serv	rice organization described in se	ection 170(b)	(1)(A)(ii	ii).								
4	A medical r	esearch organization operate	ed in conjunction with a hospital	described in s	ection	170(b)(1)(A)(iii). Enter th	e hospital's name.							
_	city, and sta	ate:												
5	An organiza	ation operated for the benefit	of a college or university owned	or operated b	y a gov	ernmental unit described	in .							
_	section 17	0(b)(1)(A)(iv).(Complete Pa	rt II.)											
6	A federal, s	tate, or local government or g	governmental unit described in s	section 170(b)(1)(A)	(v).								
7	X An organiza	ation that normally receives a	substantial part of its support fr	om a governm	nental u	nit or from the general put	olic							
	described in section 170(b)(1)(A)(vi).(Complete Part II.)													
	- Complete Fait II.)													
9	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross													
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses													
	acquired by	the erganization after two s	nd unrelated business taxable in	ncome (less se	ection 5	11 tax) from businesses								
10	An organiza	tion organization after June 3	30, 1975. See section 509(a)(2). (Complete P	art III.)									
11	An organiza	tion organized and operated	exclusively to test for public saf	ety. See secti	on 509	(a)(4).								
	one or more	nubliciv supported organizat	exclusively for the benefit of, to	perform the fu	Inctions	of, or to carry out the pur	ooses of							
	the box in lir	nes 11a through 11d that dee	tions described in section 509(a cribes the type of supporting org	a)(1) or section	n 509(a)(2). See section 509(a)	(3). Check							
а	Type I.A st	pporting organization operate	ed, supervised, or controlled by	janizalion and	compi	ete lines 11e, 11f, and 11g								
	the supporte	ed organization(s) the nower	to regularly appoint or elect a ma	its supported i	organiz irostoro	ation(s), typically by giving	1							
	organization	. You must complete Part	IV. Sections A and R	ajority of the d	rectors	or trustees of the support	ing							
b	Type II. A sa	upporting organization super	vised or controlled in connection	with ite eurone	orted or	conization(a) by barrier								
	control or ma	anagement of the supporting	organization vested in the same	nersons that	control	or manage the supported	•							
	organization	(s). You must complete Pa	rt IV, Sections A and C.	portonio mat	00/11/0/	or manage the supported								
C			orting organization operated in	connection wit	h. and t	functionally integrated with								
	its supported	d organization(s) (see instruc	tions). You must complete Pa	rt IV, Section	s A. D.	and E.	•							
d	Type III nor	n-functionally integrated A	supporting organization operate	d in connectio	n with i	ts supported organization	s)							
	that is not fu	nctionally integrated. The org	anization generally must satisfy	a distribution	require	ment and an attentiveness	-,							
	requirement	(see instructions). You mus	t complete Part IV, Sections A	A and D, and	Part V	•								
e	Check this b	ox if the organization receive	d a written determination from th	ne IRS that it is	з а Турс	e I, Type II, Type III								
	functionally is	ntegrated, or Type III non-fun	ctionally integrated supporting of	organization.										
T ~	Enter the numbe	r of supported organizations				121444444								
_9		ving information about the su	pported organization(s).											
(1)	Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1–9	(iv) is the orga	nization	(v) Amount of monetary	(vi) Amount of							
	•		above (see Instructions)	fisted in your go documen		support (see instructions)	other support (see instructions)							
						inos dollaris)	anstructions)							
(A)		 		Yes	No									
e -7		in the second se			i									
(B)				-										
_					l									
(C)				+ +										
(D)	<u></u>			+		· · · · · · · · · · · · · · · · · · ·								
(E)														
	·													
_														
Total			i e	1										

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.)

	SCHOOL A. Public Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	970,671	760,095	915,062	962,553	919,114	4,527,495
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	970,671	760,095	915,062	962,553	919,114	4 F27 40F
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)				200/333	919,114	4,527,495
6	Public support. Subtract line 5 from line 4.					-	4 505 405
	ction B. Total Support						4,527,495
	endar year (or fiscal year beginning in)▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	970,671	760,095	915,062	962,553	919,114	4,527,495
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						4,027,493
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
1 2	Total support. Add lines 7 through 10						4,527,495
3	Gross receipts from related activities, etc. (s	ee instructions)				12	18,096
	i mat mae years. If the Porth 990 is for the o	rganization's first, se	cond. third. fourth	Or fifth tax year ac	a section E01/eV/21)	
Sec	organization, check this box and stop here stion C. Computation of Public Sup	nort Percentag	·····	<u></u>			.
4	Public support percentage for 2015 (line 6)	port reicentag	Un 44 L (D)				
5	Public support percentage for 2015 (line 6, c	ule A. Part II line 14	line 11, column (f)	·		14	100.00%
6a	Public support percentage from 2014 Sched 33 1/3% support test—2015. If the organiz	ation did not check t	he hav en line 12		004	15	100.00%
	box and stop here. The organization qualified	es as a nublicly curn	orted organization	and line 14 is 33 1/3	3% or more, check	this	. =
b	33 1/3% support test—2014. If the organiz	ation did not check s	hov on line 13 or 1	lee and line 45 in	99 4/98/		X
	check this box and stop here. The organiza	tion qualifies as a pu	iblich supported or	ranization			. —
7a	10%-facts-and-circumstances test—201	5. If the organization	did not check a ho	on line 13 165 o	r 16h and line 14 is		▶ ∐
	10% or more, and if the organization meets t	he "facts-and-circum	nstances" test, che	k this hovend sto	n 100, and mile 14 is on bere Evolein in	•	
	Part VI how the organization meets the "facts	s-and-circumstances	" test. The organiz	ation qualifies as a	publicly supported		
b	organization 10%-facts-and-circumstances test—2014 15 is 10% or more, and if the organization m	1. If the organization	did not check a box	on line 13, 16a, 16	6b. or 17a. and line		▶ □
	Explain in Part VI how the organization meet	s the "facts-and-circu	umstances" test. Th	e organization qua	alifies as a nublicly		
8	Private foundation.If the organization did n	ot check a box on lin	 ne 13, 16a, 16b, 17	a. or 17b. check th	is how and see		
	instructions	<u></u>	*************	***************			▶ []

(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	quality under t	ne tests listed b	elow, please co	omplete Part II.	<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2011	(h) 2012	(-) 0040	4 11 0044	()	<u></u>
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
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						<u> </u>
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						., .
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·					
	dar year (or fiscal year beginning in)▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the o	organization's first,	second, third, fourth	n. or fifth tax vear a:	s a section 501(c)(-
	organization, check this box and stop here			•		-, 	
Sect	ion C. Computation of Public Su	port Percenta	ige				
15	Public support percentage for 2015 (line 8,	column (f) divided l	y line 13, column (f))		15	%
16	Public support percentage from 2014 Sched	dule A, Part III, line	15			16	%
Sect	ion D. Computation of Investmen	<u>it Income Perc</u>	entage				
17	Investment income percentage for 2015 (lin	e 10c, column (f) d	ivided by line 13, co	olumn (f))		17	%
18	Investment income percentage from 2014 S	Schedule A, Part III	, line 17			18	%
19a	33 1/3% support tests—2015. If the organ	ization did not che	ck the box on line 1	4, and line 15 is mo	re than 33 1/3%, a	ind line	
	17 is not more than 33 1/3%, check this box	and stop here. T	ne organization qua	lifies as a publicly s	supported organiza	tion	> [
b	33 1/3% support tests—2014. If the organ	ization did not che	ck a box on line 14	or line 19a, and line	16 is more than 3	3 1/3%, and	
20	line 18 is not more than 33 1/3%, check this	box and stop her	e. The organization	qualifies as a publi	cly supported orga	nization	▶ [
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19i	o, check this box an	nd see instructions		▶ □

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3a

Schedule A (Form 990 or 990-EZ) 2015 Florida's Children Fir	est Inc	E0 007	
Part V Type III Non-Functionally Integrated 509(a)(3) Supporti	st, Inc.	<u>52-237</u>	2998 Page (
1 Check here if the organization satisfied the integral Part Test as a qualifying trus	st on Nov. 20, 1970.	See instructions All	-
other Type III non-functionally integrated supporting organizations must complet	e Sections A throug	h E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(орнонат)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income(subtract lines 5, 6 and 7 from line 4)	8	<u> </u>	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			(Optional)
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		· · · · · · · · · · · · · · · · · · ·
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			·
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		"
8 Minimum Asset Amount(add line 7 to line 6)	8		· · · · · · · · · · · · · · · · · · ·
Section C - Distributable Amount	, -		Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		

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

4

5

Schedule A (Form 990 or 990-EZ) 2015

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions)

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

Sche	dule A (Form 990 or 990-EZ) 2015 Florida's Child	ren First Inc	52-237:	2009
Pa	Type III Non-Functionally Integrated 509(a)(3	Supporting Organizat	ions (continued)	2996 Page
Sec	aton b - Distributions			Cumant Vari
1	Amounts paid to supported organizations to accomplish exempt purp	poses		Current Year
2	Amounts paid to perform activity that directly furthers exempt purpos	es of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of sup	ported organizations		
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions.Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	zation is responsive		
	(provide details in Part VI). See instructions.	The state of the s		
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	g _{in}
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6		110-2013	Amount for 2015
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
С				
<u>d</u>	From 2013			
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2015 distributable amount			
<u>i</u> _	Carryover from 2010 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7:			
a	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016.Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			

Schedule A (Form 990 or 990-EZ) 2015

d Excess from 2014 e Excess from 2015

Schedule A (F	rm 990 or 990-EZ) 2015 Florida's Children First, Inc. 52-2372998 Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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Schedule B .(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No. 1545-0047

2015

Florida's Children First, Inc. rganization type(check one): lers of: Section:	- Employer identification number	
		52~2372998
Organization type(check one):	No.
Filers of:	Section:	

X 501(c)(3) (enter number) organization	
4947(a)(1) nonexempt charitable trust not treated as a private foundation	
527 political organization	
501(c)(3) exempt private foundation	
4947(a)(1) nonexempt charitable trust treated as a private foundation	
501(c)(3) taxable private foundation	
vered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See	
g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 roperty) from any one contributor. Complete Parts I and II. See instructions for determining a butions.	
scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line at received from any one contributor, during the year, total contributions of the greater of (1) amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one rear, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ourposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.	
cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one rear, contributions exclusively for religious, charitable, etc., purposes, but no such are than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the	
ig milk	4947(a)(1) nonexempt charitable trust not treated as a private foundation 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 7

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 its Form 990-PF, Part I, line 2, 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) (2015)

Name of organization Florida's Children First, Inc.

Employer identification number 52-2372998

Part	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Colodny, Fass, Talenfeld, Karlinsky, Aba 100 SE 3rd Avenue Fort Lauderdale FL 33394	\$ 26,000	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) <u>No</u> .	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 2	Boardroom Communications 1775 N Pine Island Rd Plantation FL 33322	\$ 30,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Florida Bar Foundation 250 South Oranage Ave Suite 600P Orlando FL 32801	\$ 142,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Paul Palank Memorial Foundation 70 By Colony Road Fort Lauderdale FL 33308	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	McGee Foundation 5722 S Flamingo Rd Cooper City FL 33330	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Howard Talenfeld 690 Leigh Palm Ave Plantation FL 33324	\$ 63,000	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
Florida's Children First, Inc.

Employer identification number 52-2372998

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution . 7 Maria Bates Person 201 International Circle Payroll 75,000 X Noncash Hunt Valley MD 21030 (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 8 Baker and Mckeezie Person 111 Bickell Avenue Payroll 42,513 X Noncash Miami FL 33131 (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 9 Lightning Foundation Person 401 Channelside Dr Pavroli 25,000 Noncash Hollywood (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroli Noncash (Complete Part II for noncash contributions.) (a) (b) (C) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
Florida's Children First, Inc.

Employer identification number 52-2372998

	Manual P.		52-2372998
Part II	Noncash Property (see instructions). Use duplicate	copies of Part II if additional s	space is needed.
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
.1	Legal services	\$ 26,000	12/31/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	Public relations work	\$ 30,000	12/31/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	Legal	\$ 63,000	12/31/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	Legal services	\$ 75,000	12/31/15
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	Legal Sevices	\$ 42,513	12/31/15
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

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

· Section 527 organizations: Complete Part I-A only.

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

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

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

• 8	ection 501(c)(4), (5), or (6) organizations: Complete Part III.				
Name	e of organization Florida's Children B	First, Inc.	·	Employer iden	ification number 98
Par	t I-A Complete if the organization is exem	pt under section 501(c)	or is a section	527 organization	
1 2 3	Provide a description of the organization's direct and indirect Political expenditures Volunteer hours	t political campaign activities in	Part IV.	<u> </u>	
Par	t I-B Complete if the organization is exem				
1	Enter the amount of any excise tax incurred by the organization	tion under section 4955			
2	Enter the amount of any excise tax incurred by organization	managers under section 4955		▶ \$	
3	If the organization incurred a section 4955 tax, did it file Form	n 4720 for this year?			Yes No
	Was a correction made?				
000000000	If "Yes," describe in Part IV.				
	t I-C Complete if the organization is exem			1 501(c)(3).	
1	Enter the amount directly expended by the filing organization				
_	activities			▶ \$	
2	Enter the amount of the filing organization's funds contribute			. .	
_	527 exempt function activities		• · · · · · · · · · · · · · · · · · · ·	▶\$	
3	Total exempt function expenditures. Add lines 1 and 2. Enter			. .	
4	line 17b		•••••		Yes No
5	Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification num	shor (EIN) of all postion 527 poli	tion organizations	a which the films	Tes No
•	organization made payments. For each organization listed, e		=	-	
	the amount of political contributions received that were prom				
	as a separate segregated fund or a political action committee				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
		(a) nation	(4) =	filing organization's funds. If none, enter -0	contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
ess D.		0 000 F7			

			aren First		52-2372998	B Page :
	art II-A Complete if the organiz section 501(h)).	ation is exemp	t under section !	501(c)(3) and f	filed Form 5768 (elec	tion under
Д З	Check ► ☐ if the filing organization name, address, EIN, Check ► ☐ if the filing organization	expenses, and s	share of excess lo	bbying expend	litures).	p member's
	Limits on Lob	bying Expendi	tures	<u>.</u>	(a) Filing	(b) Affiliated
_	(The term "expenditures"	means amounts	paid or incurred.)	organization's totals	group totals
1	a Total lobbying expenditures to influence put	olic opinion (grass ro	oots lobbying)			
	b Total lobbying expenditures to influence a le	gislative body (direc	ct lobbying)			
,	 Total lobbying expenditures (add lines 1a ar Other exempt purpose expenditures 					·
	Total exempt purpose expenditures (add line)					
	f Lobbying nontaxable amount. Enter the amo	ount from the following	na table in both			
	_columns.		ing table in both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying no	ntaxable amount is:			
	Not over \$500,000	20% of the amour				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15	% of the excess over \$50	00,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10	% of the excess over \$1,	000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5%	of the excess over \$1,5	00,000.		
_	Over \$17,000,000	\$1,000,000.				
Į I	Grassroots nontaxable amount (enter 25% o	and a A		1		
	h Subtract line 1g from line 1a. If zero or less, i Subtract line 1f from line 1c. If zero or less, e			·····		
	j If there is an amount other than zero on eithe		did the examination file	L	<u> </u>	·
•	reporting section 4911 tax for this year?					Yes No
	, , , , , , , , , , , , , , , , , , , ,		ging Period Under			Tes NO
	(Some organizations that mad	e a section 501 <i>1</i> اد	jing renou onder h) election do not	have to comp	lete all of the five colu	mne holour
			instructions for li			ililis below.
	Lo	bbying Expendi	tures During 4-Ye	ar Averaging P	eriod	·
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount	-				
b	Lobbying ceiling amount					
	(150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount					
	(150% of line 2d, column (e))					<u> </u>

Schedule C (Form 990 or 990-EZ) 2015

f Grassroots lobbying expenditures

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	OT filed F	orm 57	68		_Pag
For each "Yes	s," response on lines 1a through 1i below, provide in Part IV a detailed		a)	(b)	:
description of	the lobbying activity.	Yes	No	Am	ount	
1 During the	year, did the filing organization attempt to influence foreign, national, state or local					
legislation	, including any attempt to influence public opinion on a legislative matter or					
referendur	m, through the use of:					
a Volunteers		X				
b Paid staff	or management (include compensation in expenses reported on lines 1c through 1i)?	X				
c Media adv	ertisements?	• • • • • • • • • • • • • • • • • • • •	x	****************	0000000000	20000000
d Mailings to	members, legislators, or the public?		х			
	io, or published or broadcast statements?		х			
- 0101110101	safer organizations for lobbying purposes?		x			_
8 Direct con	tact with registators, their stans, government officials, or a legislative body?	X			2	, 65
h Rallies, de	monstrations, seminars, conventions, speeches, lectures, or any similar means?		х			
i Other activ	/tiles/		X			
J Total. Add	lines 1c through 1				2,	65
	"" and " oddae ine olganization to be not described in section 5017617317		X			
D II Yes, en	iter the amount of any tax incurred under section 4912	[2222222]		*********	2000000000)4490000
O 11, 103, 01	the the amount of any tax incurred by organization managers under section 4912			· ·		
<u>u ii uie iiing</u>	organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A	Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6).	1(c)(5), or	sectio	n		
1 Were subs	tantially all (90% or more) dues received nondeductible by members?	· -			Yes	No
2 Did the org						╆
3 Did the org	anization agree to carry over lobbying and political expenditures from the prior year?		• • • • • • • • •	. 2		┾
1 Dues, asse	answered "Yes." ssments and similar amounts from members		1		-	_
Z Section 102	cte) nondeductible lobbying and political expenditures (do not include amounts of					
_	kpenses for which the section 527(f) tax was paid).					
	*!!***!!*!*!		2a			
c Total	rom last year		2b			
· · · · · · ·	***************************************		2c			
4 If notices w	amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
excess doe	ere sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
and political	s the organization agree to carryover to the reasonable estimate of nondeductible lobbying lexpenditure next year?					
	ount of lobbying and political expenditures (see instructions)		4			
Part IV	Supplemental Information	<u></u>	5			
rovide the descri	ptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part	II-A, lines 1 a	and			
(see instructions	iptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part is); and Part II-B, line 1. Also, complete this part for any additional information.	II-A, lines 1 a	and			
	s Children First, Inc. (FCF) hired a consultant	the du	ıties	of		
	acluded in some part the attempt to influence leg				n.	
	tion of the organization would improve child welf					
contacti	ng individual legislators. FCF staff and Florida	Youth	Shi	ne		,
members	are sometimes asked questions, provide informati	on te	a+if	+		

	990 or 990-EZ) 2015	Florida's	Children	First,	Inc.	52-2372998	Door
. Part iV	Supplemental	Information (cor	itinued)			<u> </u>	Page 4
hearing	s and educ	ate on the	subject o	f a bil	.1.		
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number

P	'lorida's Children First, Inc. art Organizations Maintaining Donor Advised Fu	52-2372998		
000 B	Complete if the organization answered "Yes" on	Form 990 Part IV line 6	counts.	
1	Total number at end of year	(a) Donor advised funds	(b) Funds and other accounts	
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)	·		
4	Aggregate value of grants from (during year)			
5	Aggregate value at end of year			
•	Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advised		
6	funds are the organization's property, subject to the organization's excl	usive legal control?	Yes N	
Ü	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 dono	or advisor, or for any other purpose		
86.8	conferring impermissible private benefit? Int il Conservation Easements.		Yes No	
		Form 000 Doubly Bu 7		
1	Complete if the organization answered "Yes" on			
'	Purpose(s) of conservation easements held by the organization (check			
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impor		
	Protection of natural habitat	Preservation of a certified historic	structure	
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conser	vation contribution in the form of a conservati	on	
_	easement on the last day of the tax year.		Held at the End of the Tax Yea	
a	Total number of conservation easements			
b	i clai acreage restricted by conservation easements		l oh i	
C	Number of conservation easements on a certified historic structure inclu	uded in (a)	2c	
a	Number of conservation easements included in (c) acquired after 8/17/0	06, and not on a		
_	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, released, ext	inguished, or terminated by the organization of	during the	
	tax year ▶			
4	Number of states where property subject to conservation easement is lo			
5	Does the organization have a written policy regarding the periodic monit	toring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?		Yes No	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	violations, and enforcing conservation easen	nents during the year	
	• • • • • • • • • • • • • • • • • • • •			
7	Amount of expenses incurred in monitoring, inspecting, handling of viola	tions, and enforcing conservation easements	during the year	
	\$		•	
8	Does each conservation easement reported on line 2(d) above satisfy the	ne requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?	***************************************	Yes No	
9	in Part XIII, describe how the organization reports conservation easeme	nts in its revenue and expense statement, an	d	
	balance sheet, and include, if applicable, the text of the footnote to the o	rganization's financial statements that descrit	oes the	
	organization's accounting for conservation easements.			
Pa	Organizations Maintaining Collections of Art,	Historical Treasures, or Other Sin	nilar Assets.	
	Complete if the organization answered "Yes" on F			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), no	t to report in its revenue statement and balan-	ce sheet	
	works of art, historical treasures, or other similar assets held for public e	xhibition, education, or research in furtherance	e of	
	public service, provide, in Part XIII, the text of the footnote to its financial	statements that describes these items.		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	report in its revenue statement and balance s	heet	
	works of art, historical treasures, or other similar assets held for public e	xhibition, education, or research in furtherand	e of	
	public service, provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		> \$	
	(ii) Assets included in Form 990, Part X		* * * * * * * * * * * * * * * * * * *	
2	If the organization received or held works of art, historical treasures, or o	other similar assets for financial cain, provide	*	
	following amounts required to be reported under SFAS 116 (ASC 958) re	elating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		> \$	
h	Assets included in Form 000, Part V		• \$	

Sche	edule D (Form 990) 2015 Florida's	Children	First	t, Inc.		52- <u>2</u> 3	72998			Page 2
2000000000	T. garnzationo manitalining	Collections of A	rt, Hist	torical Tre	asures,	or Other Si	<u>milar Ass</u>	ets (co	ntinued))
3	Using the organization's acquisition, accessio collection items (check all that apply):	n, and other records, o	heck any	y of the follow	ing that are	e a significant u	se of its			
а	Public exhibition	d L	oan or e	xchange prog	rams					
b	Scholarly research									
C	Preservation for future generations				• • • • • • • • • • • • • • • • • • • •					
4	Provide a description of the organization's coli	ections and explain ho	w they fi	irther the oras	anization's	overant num	a la Dani			
	XIII.	ossono ana oxpiam ne	w tries it	arther the orga	anizalion s	exempt purpos	e in Part			
5	During the year, did the organization solicit or	receive denotions of a	et bloss-l			,				
	assets to be sold to raise funds rather than to	he maintained as next	of the or	cai lieasures,	or other si	ımılar		٦	ا ر	_
Pa	rt IV Escrow and Custodial Arra	ngomente	or trie ort	ganization s c	onection?	· · · · · · · · · · · · · · · · · · ·			Yes	No
0000000000	***************************************	anewered "Vec" c	n Earm	. 000 Dad	N.C. Um a. C					
	Complete if the organization 990, Part X, line 21.	answered res c	ni Forii	1 990, Part	IV, line s	e, or reported	d an amou	int on Fo	rm	
12			•			-				
ıa	Is the organization an agent, trustee, custodial							_		_
4-	included on Form 990, Part X?		• • • • • • • • •					L	Yes	No
D	If "Yes," explain the arrangement in Part XIII a	nd complete the follow	ing table:	:						
								Ar	nount	
	Beginning balance						1c			
d	Additions during the year						1d			_
-	Distributions during the year						1e			
•	chuling balance						1 46			
20	Did the organization include an amount on For	m 990, Part X, line 21,	for escro	ow or custodia	al account l	liability?			Yes	No
D	if Yes, explain the arrangement in Part XIII. C	heck here if the explai	nation ha	s been provid	led on Part	t XIII				= '''
Pa	Endowment Funds.					_				
	Complete if the organization	answered "Yes" o	n Form	990, Part I	IV, line 1	0.				
		(a) Current year		ior year	(c) Two ye		d) Three years	back (e	e) Four year	s back
1a	Beginning of year balance								27 1 001 years	- DECK
b	Contributions							-		
C	Net investment earnings, gains, and									
	losses							1		
d	Grants or scholarships		 -		·					
е	Other expenditures for facilities and	-								
	programs							1		
f	Administrative expenses									
g	End of year balance						-			
2	Provide the estimated percentage of the curren	t year and balance (lin	. 1				· <u> </u>			
_	Board designated or quasi-endowment	t year end balance (iin	e ig, coi	umn (a)) neid	as:					
	Demonstrate 1 AM									
	Permanent endowment ▶ % Temporarily restricted endowment ▶	0/								
		%								
	The percentages on lines 2a, 2b, and 2c should									
	Are there endowment funds not in the possessi	on of the organization	that are h	neld and admi	inistered fo	or the				
	organization by:								Yes	No
,	(i) unrelated organizations (ii) related organizations				• • • • • • • • • • • • • • • • • • • •			38	a(i)	
	(·) · · · · · · · · · · · · · · · · ·							124	ı(ii)	<u> </u>
		ma nateu as requireu o	n ochedi	ule K		*************		<u>L</u> a	3b	
4	Describe in Part XIII the intended uses of the or	<u>ganization's endowme</u>	nt funds.							
	Land, Buildings, and Equip									
	Complete if the organization a	inswered "Yes" on	Form :	990, Part I\	<mark>√, line 1</mark> 1	a. See Forn	<u>1 990, P</u> ar	rt X, line	10.	
	Description of property	(a) Cost or other basis		(b) Cost or other		(c) Accum			Book value	
		(investment)		(other)		deprecia	tion			
1a l	and								<u> </u>	
b E	Buildings									
C l	_easehold improvements									
d E	Equipment			3:	2,236		9,397		2 .	839
	N.I.	1								

2,839

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

9	98	Pac

	orm 990) 2015 Florida's Children Fi	rst, Inc.	<u> </u>	Page :
Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on F	Form 990. Part IV. I	ine 11b. See Form 990. Part X. line 1	
	(a) Description of security or category	(b) Book value	(c) Method of valuation:	<u> </u>
	(including name of security)	,,,	Cost or end-of-year market value	
(1) Financial	derivatives			
(2) Closely-he	eld equity interests	· .		
(3) Other				
		-		
(C)	•••••••••••••••••••••••••			
(D)				
(E)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- 	
(F)				
(G)				
(LI)	***************************************			
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶		_	
Part VIII	Investments—Program Related.			
		form 000 Deat IV II	44- C F 000 D 43/ !!	
	Complete if the organization answered "Yes" on F (a) Description of investment			<u>3. </u>
	(a) Description of investment	(b) Book value	(c) Method of valuation:	
/1)		·	Cost or end-of-year market value	·
(1)				
(2)				
(3)		<u> </u>		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Column	(b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
· · · · · · · · · · · · · · · · · · ·	Complete if the organization answered "Yes" on F	<u>orm 990, Part IV, lir</u>	ne 11d. See Form 990, Part X, line 15).
(4)	(a) Description	·	(b) Bool	k value
<u>(1)</u>				
(2)		·		
(3)		 		
(4)				
(5) (6)				
<u>(6)</u>				
(7)		·		
(8)		·		·
(9)	4.			
otal. (Column		<u></u> ,, <u></u> ,	<u> </u>	:
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, iir	ne 11e or 11f. See Form 990, Part X,	
	line 25.			
•	(a) Description of liability	(b) Book value		
	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			1	
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶	<u> </u>	\dashv	
Liability for u	ncertain tax positions. In Part XIII, provide the text of the footnote	to the organization's fir	rancial statements that senants 45 -	
ganization's li	ability for uncertain tax positions under FIN 48 (ASC 740). Check	hara if the tout of the f-	otnote has been received to 5	
	The transfer of the state of th	rugle if the text of the to	omote has been provided in Part XIII	<u></u>

Schedule D (Fo	rm 990) 2015	Florida's	Children	First,	Inc.	52-2372998	
Part XIII	Supplemen	ntal Information (continued)				raye
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Inspection

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990.

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

Florida's Children First, Inc.

Employer identification number 52-2372998

889 P	art I Types of Property				<u> </u>	
2000000	-JP-00 CITTOPEILY	(a) Check if applicable	(b) Number of contributions or litems contributed	(c) Noncash contribution amounts reported on	(d) Method of determining	
1	Art Monte of all	applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution amount	s
2	Art — Works of art	ļ				
3	Art — Historical treasures	ļ				
4	Art — Fractional interests					
5	Books and publications					
J	Clothing and household					
6	goods			<u> </u>		
7	Cars and other vehicles					
8	Boats and planes					
9	Intellectual property	 	<u> </u>			
10	Securities — Publicly traded					
11	Securities — Closely held stock	I				
"	Securities — Partnership, LLC,					
12	or trust interests					<u> </u>
13	Securities — Miscellaneous		· · · · · · · · · · · · · · · · · · ·			
13	Qualified conservation					
	contribution — Historic	i				
14	structures					
14	Qualified conservation					
4.5	contribution — Other					
15 16	Real estate — Residential		·			
17	Real estate — Commercial					
18	Real estate — Other					
19	Collectibles					<u> </u>
20	Food inventory					
21	Drugs and medical supplies					
22	Taxidermy					
23	Historical artifacts					
24	Scientific specimens					
25	Archeological artifacts	\mathbf{x}	11	244 655		
26	Other ► ()		<u> </u>	341,657		
27	Other ► ()					
28	Other ► ()					
29	Number of Forms 8283 received by the					
	which the organization completed Form	o oganizat o ogog De	ton during the tax year for	r contributions for		
	organization completed form	11 0200, Fai	it IV, Dollee Ackilowledge	ement L	29	
30a	During the year, did the organization re	aceive by c	antribution any proparty	executed to Dank I. Burn of the		Yes No
	28, that it must hold for at least three y	oore from t	he data of the initial contr	eported in Part I, lines 1 thr	ougn · .	
	to be used for exempt purposes for the	entire hold				
b	If "Yes," describe the arrangement in F		ing penda?			a X
31	Does the organization have a gift acce		ou that requires the vertice			
32a	Does the organization hire or use third	narties or	alatad arganizations to -	nllalt manager	3	1 X
b	If "Yes," describe in Part II.	• • • • • • • • • • • •			32	a X
33		ount in only	imm (a) for a him = -fin	andre Carrella (1988)		
	If the organization did not report an am describe in Part II.	ount in coll	inin (c) for a type of prop	erty for which column (a) is	checked,	
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Schedule M (Form !	990) (2015)	Florida	a's Chil	dren Fi	rst. Ind	1 .	52-2372	999	n 2
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number Florida's Children First, Inc. 52-2372998

Form 990 - Organization's Mission

Organization's Mission or Most Significant Activities

We are change-agents. We are Florida's child-caring systems' watchdogs. Florida's Children First, Inc. (FCF) is the only organization in Florida that works to give the most vulnerable children a voice and a presence in determining their destiny, as well as to insure that each child in Florida's systems of care have adequate representation to make their lives enriched and full, like any other child. These vulnerable children are those who have been abused or neglected, have mental health problems, are disabled, or have a troubled life and problems with the law. FCF is Florida's premiere, statewide child advocacy organization that makes substantial improvements in the lives of these children by using many means to change the systems of care. FCF also empowers individual children and youth to organize, learn leadership and advocacy skills and to become the voice for all children in care by its support and promotion of Florida Youth SHINE, its youth advocacy organization comprised of 13 statewide Chapters of approximately 300 children and youth, ages 13-24. There is no single, correct way, to change the system. Sometimes, all it takes is to sit at the table with the heads of the state agencies who deal in children issues to share concerns and offer viable solutions. Or it can mean to work with agencies when they write their policies, procedures or rules.

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

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Florida's Children First, Inc.

Employer identification number 52-2372998

a variety of stakeholders. Sometimes we make the general public aware of a problem concerning our children, in order to motivate their help and support in making improvements. Often we achieve change by training professionals across the state on the new procedures or law - or educating them on the issues so that they are aware of the need for change. We also make systemic changes by educating the state legislature on the issues that these children face on a daily basis and helping them understand the systems of care and the difficulties surrounding maneuvering in those systems - especially for children. We educate by writing materials, brochures, pamphlets that give information on various topics in child welfare, delinquency and disabilities.

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

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

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

Name of the organization

Florida's Children First, Inc.

Employer Identification number 52-2372998

had to resort to filing a suit, although it does have sufficient ability to do so if the need arose.

Florida's Children First does all of these things and much more, to make positive changes in the system to help our children. FCF is operated, amazingly, by a small but mighty staff of 5, who, with the help of hundreds of volunteer attorneys and other professionals across the state, work tirelessly to make substantial, positive changes to better the lives of children. FCF's accomplishments include working with volunteer professionals who help in a variety of ways and whose hard work has equaled almost \$5,000,000 in professional services. FCF has trained over 18,052 people people across Florida on important issues concerning our children. Florida's Children First has received over 10,600hours of pro bono (free) hours from lawyers across the state. We have also provided over 62,834hours of youth advocacy and training, provided 22 educational publications on children's rights, and filed 32 amicus briefs. But the most successful and impactful work done by FCF is in its ability to educate the legislature as well as to empower the youth, by presenting children and youth to speak with legislators and share their stories to give a voice and put a face on the issues, resulting in the ability to help get 24 bills drafted, supported or passed.

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

Page 2 of 8

Name of the organization

Florida's Children First, Inc.

Employer identification number 52–2372998

Examples of our most recent accomplishments include:

"FCF engaged in multi-year advocacy to establish a statutory right to counsel for children in dependency proceedings. In 2013 we were able to get a legislative appropriation and proviso language providing for counsel for dependent children in, or facing placement in nursing homes. In 2014 we secured passage of HB 561, Counsel for Dependent Children with Special Needs which provides the right to appointment of counsel for dependent children in 5 categories. In 2016 we secured continued legislative funding. We continue our work on implementation of the law.

"FCF created FLORIDA (Florida's Legal Online Resource, Information Driven Access) For Children and Families (www.F4CF) an Children's Registry, FCF invited them to join its resource, FLORIDA for Children and Families a one-stop resource for all attorneys and judges in the dependency system that provides a private communications tool, access to applicable case law, resources and much more. All lawyers who do high quality work need up-to-date access to information, resources and the advice of colleagues. Only a small percent of the lawyers who currently represent children in Florida do that work full time in organizations that can provide them ongoing support. Most of the children's lawyers in Florida are solo practitioners, or probono lawyers whose primary practice is not children's law. We provide them the resources and support they need through our online center (www.F4CF.org).

"Medicaid to Age 26 for Former Foster Youth: Florida's Children First
partnered with another organization to advocate to the relevant state
agencies to ensure that all young adults who became automatically eligible

Name of the organization

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Florida's Children First, Inc.

Employer identification number 52-2372998

for Medicaid under the former foster youth provision of the Affordable Care
Act were provided access to Medicaid. We worked to make sure the state
would take the broadest possible view of eligibility, worked to ensure that
the eligible population and the entities that serve them were aware of the
new law, and prompted the state to undertake significant measures to enroll
eligible young adults. Based on our efforts, Florida leads the nation in
the number of former foster youth who have applied for Medicaid.

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

Florida's Children First also makes the legal representation of children a top priority. Sadly, Florida is one of only 10 states that do not provide for paid counsel for children whose lives are being disrupted and decided in a court of law. To help rectify this problem, FCF works diligently to recruit and train lawyers across the state to provide free legal services for our children. FCF has provided live and videotaped training and training materials on the various aspects of dependency proceedings in Florida, mentors attorneys who handle individual cases and link lawyers together who have a common issue.

FCF has helped train hundreds of lawyers who volunteer their time. We developed outstanding training videos and materials, with continuing legal credit given to the participant lawyers from the Florida Bar. The topics include, but are not limited to disability rights, the overuse of psychotropic medication on topics.

Most important is the ability of FCF to be extremely flexible - ready and able to tackle an immediate problem or issue by access to its hundreds of

Page 4 of 8

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization Employer identification number Florida's Children First, Inc. 52-2372998 resources of people and materials. When the lives of children are at stake, a quick response and immediate action are necessary. Florida's Children First is the one and only organization in Florida that can motivate many youth as well as knowledgeable professionals at a moment's notice, and has the ability to work within and outside the system to get the desired results, often in a very quick time with extensive, positive outcomes. This work continues daily and the good results that help children continue to be achieved. Examples of the training opportunities/presentations by Florida's Children First include: "Dependency Training for Children's Attorneys "How to be an Effective Advocate "Arrest and Conviction of Dependent Youth "Child on Child Sexual Abuse "Human Trafficking and Children in Care "Medical and Educational Rights of Foster Youth "Making the Most out of Medicaid, Mid-Decade Examples of training opportunities/presentations by Florida Youth SHINE: "We Are Family - Even If I don't Have All My Brothers & Sisters With Me! (Sibling Separation) "The Good, The Bad, and The Ugly - How Group Home Living Impacts Child Safety, Well-Being and Normalcy. "We Can Talk, But Will You Listen? How Youth Can Be Empowered to Advocate

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Schedule O (Form 990 or 990-EZ) (2015) Name of the organization	Page
Florida's Children First, Inc.	Employer identification number 52-2372998
for Themselves and Others in Care.	1 2 20 12 3 3 3
"So, You Came To Take Us Away: Now What? Trau	ma of Removal from Family.
Friends, School	
"From Babysitting to Parenting: How to Recru	it and Train the Next
Generation of Foster Parents.	
Form 990, Part III, Line 4b - Second Accompli	shment
Florida Youth SHINE has succeeded in influenc	ing positive change on a
number of issues through its existence; include	ding bills that require all
children leaving care to obtain their own, per	rsonal records, and in
improving educational stability.	
Landmark legislation was enacted in Florida th	nat immediately became the
basis for new national legislation to help chi	ldren live more normal lives.
Under the traditional system of foster care,	children in care are very
restricted in participating in normal childhoo	od activities. Caregivers
were concerned that a child might get injured,	or administrators of state
agencies were concerned about liability issues	. These reactions caused
many unfair procedures requiring foster parent	s to obtain court orders to
allow the child to travel with the family on v	acation, or to attend a
school event in another county, or to travel w	with a church group to a
sleep-away camp. Fingerprinting and backgroun	d screening was required
whenever a child wanted to sleep over at a cla	ss-mate's home, or a foster
parent wanted to have their relative watch the	children so the foster
parent could go grocery shopping	

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization

FCF 06/10/2016 11:41 AM

Florida's Children First, Inc.

Employer identification number 52-2372998

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

Some of our other amazing recent accomplishments in the area of improving outcomes for older children has been FCF and FYS's several years of work in educating the public and the legislature to finally extend foster care from age 18 to age 21. Florida Youth SHINE was the driving force behind this landmark policy change. And the public and the legislature listened. The law was passed, effective January, 2014, that allows children to choose to remain in foster care until they are ready to be on their own. Getting these major changes does not end our work. In fact, the real work is about to begin. FCF and FYS must be involved in the rulemaking process, continue to carefully scrutinize the system to see that the law is properly implemented, train professionals across the state on the new law and policies and procedures, draft publications, make appearances, be the watchdog and drive the system to continue to do better for our children.

Form 990, Part VI, Line 2 - Related Party Information Among Officers

Howard Talenfeld Julie Talenfeld

Page 7 of 8

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization	Page
Florida's Children First, Inc.	Employer Identification number 52–2372998
President Directo	
Married	
Form 990 Part VI Time 11h Owner's 11h	
Form 990, Part VI, Line 11b - Organization's Pro	
The board is provided with a copy of the 990 pr	ior to being filed.
Form 990, Part VI, Line 12c - Enforcement of Con	
Annual review of policies by operations committee	
Form 990, Part VI, Line 15a - Compensation Proce	
Annual review by the operations committee and the	
one operations committee and the	e rull board.
Form 990 Part VI Line 15b - Composition Posses	
Form 990, Part VI, Line 15b - Compensation Proce	
Annual review by the operations committee and th	e full board.
Form 990, Part VI, Line 19 - Governing Documents	Disclosure Explanation
No documents available to the public	
	Page 8 of 8

Form 990

Two Year Comparison Report

2014 & 2015

For calendar year 2015, or tax year beginning

endina

Name

Taxpayer Identification Number

	F1	orida's Children First, Inc.			!	52-2	2372998
	1.			2014	2015		Differences
	1.	. Contributions, gifts, grants	1.	962,553	919,	114	
	2.	Membership dues and assessments			-		
	3,	Government contributions and grants	3.				
2	4.	Program service revenue	4.				<u> </u>
e	ɔ .	Invesiment income	5.	14,278	18,	096	3,818
>	6.	Proceeds from tax exempt bonds	6.				
ĕ	7.	Net gain or (loss) from sale of assets other than inventory	J 7.				
	8.	Net income or (loss) from fundraising events	8.				
	9.	Net income or (loss) from gaming	9.				
	μο.	Net gain or (loss) on sales of inventory	10.				
	11.	Other revenue	11.				
	12.	Total revenue. Add lines 1 through 11	12.	976,831	937,	210	-39,621
Ses	13.	Grants and similar amounts paid	13.				33,021
	14.	Benefits paid to or for members	14.				
	15.	Compensation of officers, directors, trustees, etc.	15.				
		Salaries, other compensation, and employee benefits	16.	437,481	412,	530	-24,951
9	17.	Professional fundraising fees					27,331
Σ.	18.	Other professional fees	18.	319,056	333,	292	14,236
m	19.	Occupancy, rent, utilities, and maintenance		19,385		_	2,637
	20.	Depreciation and Depletion	20.	897		066	
	21.	Other expenses	··	191,737			27,274
	22,	Total expenses. Add lines 13 through 21	22.	968,556		_	19,365
		Excess or (Deficit). Subtract line 22 from line 12	23.	8,275			-58,986
	24.	Total exempt revenue	24.	976,831	937,		
i	25.	Total unrelated revenue	25.	<u> </u>			39,021
on	26.	Total excludable revenue	26.	14,278	18,0	096	3,818
Other Information	27.	Total liabilities	27.	504,871	440,		-63,956
E	28.	Total liabilities	28.	17,482	21,4		3,981
	29.	Retained earnings	29.	487,389	419,		-67,93 <u>7</u>
<u> </u>	30.	Number of voting members of governing body	30	31	29		
5		Number of independent voting members of governing body	31.	30	28		
		Number of employees	32.	7	5		
		Number of volunteers	33.	600	600		

Florida's Children First, Inc. 2011 2012 2013 2014 2015 2016 2017 2017 2017 2019 2019 2019 2019 2019 2019 2019 2019	Form 990		Tax Re	Tax Return History			2015
grants 2011 2012 2013 2014 2015 venue 36,796 915,062 962,553 919,114 venue 36,796 11,728 14,278 18,096 e (incomel/oss) 36,796 11,728 14,278 18,096 nondeloss) 36,796 11,728 14,278 18,096 nondeloss) 196,891 967,790 976,831 937,210 or members 10 401,440 432,110 437,481 412,530 nor 401,440 432,110 437,481 412,530 pleton 19,573 19,385 22,022 spleton 401,440 432,110 437,481 412,530 nor 439,501 141,285 19,385 968,556 987,921 nor 4439,501 141,285 196,556 987,91 150,011 nor -64,355 -22,565 8,275 -50,711 nor 526,728 504,871 446,915 21,463		hildren Fir				Employe 52-	Employer Identification Number 52-2372998
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roomerloss) roomerloss) roomerloss) amounts paid amounts paid from rembers from members from	Investment income		36,796	11,728	4,	18,096	
Income/loss) Type, 891 Type, 89	Fundraising revenue (income/loss)			,			
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25,049 16,142 17,482 21, 501 679 479 114 487 200 410	Total Assets		٦.	95,	504,871	١.	
501 679 410 114 487 289 410	Total Liabilities		`	-	17,482	•	
413, 413, 413, 413, 413, 413, 413,	Net Fund Balances		501,679	479,114	487,389	419,452	

FCF Florida's Children First, Inc.

52-2372998

Federal Statements

6/10/2016 11:40 AM

FYE: 12/31/2015

Taxable Dividends from Securities

Description

Unrelated Exclusion Postal Acquired after US
Amount Business Code Code Code 6/30/75 Obs (\$ or %)

Dividends and interest

\$____18,096

Total

18,096

Federal Statements

FCF Florida's Children First, Inc. 52-2372998 FYE: 12/31/2015

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Schedule

Amount	\$ 22,454 38,080 276,814 26,000	15,000 30,000 6,000 9,610	142,000	15,000 25,000 25,000	15,000
Description	Other contributed services Contributions In-kind Legal Contributions Colodny, Fass, Talenfeld, Karlinsky, Aba Legal services Reynolds Family Foundation	Seitlin Law Firm Legal services Boardroom Communications Public relations work Holland & Knight Cash Contribution Legal services Florida Rar Foundation	Claire Law Offices Legal Assistance Legal Assistance Legal Assistance Accounting Saunders Law Group Legal Jay Kassack Training	wendy Cox Law Legal Dennis McGlothin Legal Paul Palank Memorial Foundation Cash Contribution McGee Foundation Cash Contribution	Cash Contribution Arthur Family Foundation Cash Contribution

FCF 06/10/2016 12:20 PM Form 8868

ູ (Rev. January 2014)

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

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Internal Revenue Service

File a separate application for each return.

A 15						•	
• If you are	filing for an Automatic 3-Month Extension, complete filing for an Additional (Not Automatic) 3-Month Ex	tension, co	mplete only Part (on page 2	of this form).			> 🗀
no not comb	lete Part II unlessyou have already been granted an	automatic 3-	month extension on a previous	siy iilea Form a	808.		
	ing (e-file).You can electronically file Form 8868 if you						
•	required to file Form 990-T), or an additional (not auton	•		_		m	
=	st an extension of time to file any of the forms listed in I		· ·		ion		
	nsfers Associated With Certain Personal Benefit Contra	-	• •	=	(76-		- 3
Part I	For more details on the electronic filing of this form, visi Automatic 3-Month Extension of Time.			· .	ronis.		
	required to file Form 990-T and requesting an automati						
Part I only	orations (including 1120-C filers), partnerships, REMICs		must use Form 7004 to reque	st an extension			▶ 🗓
						ing number, se	
Type or Name of exempt organization or other filer, see instructions.					entifica	tion number (EII	1) or
Florida's Children First, Inc.					299	8	
	Number, street, and room or suite no. If a P.O. box,		one	Social securi			
Cilo bu tho	1401 University Drive #40		ons.	OQUAL SECUL	Ly IIIG	iber (CON)	
File by the due date for	City, town or post office, state, and ZIP code. For a f		ess, see instructions.				
filing your	only, term of post emes, enter, and an entered	o.o.g., aaa.					
return. See instructions.	Coral Springs FL	33071	8920				
I	-		V				01
Enter the Retu	rn code for the return that this application is for (file a s	eparate app	ilication for each return)				
Application Return Application						Return	
							Code
Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07							
Tomicoo BL							08
Form 4720 (03	Form 4720 (other than indiv	idual)			09
Form 990-P		04	Form 5227				10
	(sec. 401(a) or 408(a) trust)	05	Form 6069	,			11 12
Form 990-1	(trust other than above)	06	Form 8870				12
Telephone If the orga If this is for the whole g	ere in the care of Christine Spudeas No. 954-796-0860 Inization does not have an office or place of business in a Group Return, enter the organization's four digit Group, check this box If it is for part of the property of the care and Eins of all members the extension is for.	FAX No the United oup Exempti	States, check this box on Number (GEN)				• □
1 I reques	st an automatic 3-month (6 months for a corporation rec						
until O	8/15/16 , to file the exempt organization return	for the orga	anization named above. The ex	tension is			
	organization's return for:						
► X	calendar year 2015 or						
, \Box							:
	tax year beginning , and ending						
	x year entered in line 1 is for less than 12 months, check	ck reason:	Initial return I	nal return			
	hange in accounting period oplication is for Forms 990-BL, 990-PF, 990-T, 4720, o	- 6060 anto	the tentative tay less any				
	oplication is for Forms 990-bL, 990-FF, 990-F, 4720, oi ndable credits. See instructions.	ovos, enter	une contauve tax, less arry		3a	\$	
-	oplication is for Forms 990-PF, 990-T, 4720, or 6069, e	nter anv refi	Indable credits and			*	
	ed tax payments made. Include any prior year overpay				3b	\$	
	e due. Subtract line 3b from line 3a. Include your paym						
EFTPS	(Electronic Federal Tax Payment System). See instruc	tions.			3с	\$	
Caution. If you	are going to make an electronic funds withdrawal (direct debit)	with this Form	8868, see Form 8453-EO and For	m 8879-EO for p	aymen	t instructions.	