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EXTENDED TO NOVEMBER 16, 2015

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

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

A_I	For the 2	2014 calendar year, or tax year beginning and c	ending		
В	Check If applicable	C Name of organization		D Employer identific	ation number
	Address change	FACCM, INC.			
	Name change	Doing business as		65-00	79688
	Initiat return Final	Number and street (or P 0 box if mail is not delivered to street address) 908 S. ANDREWS AVENUE	Room/suite	E Telephone number	322-2603
_	lreturn/ termin-				936,947.
	ated Amende	City or town, state or province, country, and ZIP or foreign postal code FORT LAUDERDALE, FL 33316		G Gross receipts \$	
늗	—lreturn ⊟Applica-	F Name and address of principal officer: ROY KEISTER		H(a) Is this a group refor subordinates	
L	—Itión pending	908 S. ANDREWS AVENUE, FORT LAUDERDALE	. FL	H(b) Are all subordinates in	
	Tayloyor	npt status:	$\overline{}$	4 · ·	ist. (see instructions)
		: ► WWW.FACCM.ORG	<u> </u>	H(c) Group exemption	,
		rganization X Corporation Trust Association Other ►	L Year		State of legal domicile FL
_		Summary			
	1 B	riefly describe the organization's mission or most significant activities ${ m TO}{ m PI}$	ROMOTE	HIGH STAND	ARDS OF
Activities & Governance	E	CARLY CHILD CARE AND EDUCATION THROUGH A	DVOCAC	Y, PROFESSION	ONAL
rua	2 0	heck this box if the organization discontinued its operations or dispos	sed of more	e than 25% of its net as	sets
ove		lumber of voting members of the governing body (Part VI, line 1a)		3	18
S S	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)		4	18
es	5 T	otal number of individuals employed in calendar year 2014 (Part V, line 2a)		5	6
Σį	6 T	otal number of volunteers (estimate if necessary)	_	6	0
Acti		otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b N	let unrelated business taxable income from Form 990-T line 34	-()	7b	0.
	}	REVEN	_ોજું _	Prior Year 0 .	Current Year
Revenue	8 0	Contributions and grants (Part VIII, line 1h)	5 \%\ 5	805,675.	827,119.
	9 F	rogiant service revenue (Fair Vin, line 29)	194	443.	295.
æ	10 lr	nvestment income (Part VIII, column (A), lines 3, 4, and 3d)		93,864.	109,533.
	L	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10cl and 11e		899,982.	936,947.
_		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,000.	36,782.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.	
		Benefits paid to or for members (Part IX, column (A), line 4)		462,758.	394,965.
ses	15 5	calaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	loa r	otal fundraising expenses (Part IX, column (D), line 25)	0.		
Ĕ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		606,923.	536,147.
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	1,070,681.	967,894.
	1	Revenue less expenses. Subtract line 18 from line 12		<170,699.	> <30,947.>
50	§ - · ·	is rondo loss superiossi sectional and the section and the sec	B	eginning of Current Year	End of Year
Net Assets or	20 7	otal assets (Part X, line 16)		403,142.	370,440.
Ass	21 7	otal liabilities (Part X, line 26)		2,781.	1,026.
돌	22 1	Net assets or fund balances. Subtract line 21 from line 20		400,361.	369,414.
P	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is
tru	e, correct	, and complete, Declaration of pregarer (other than officer) is based on all information of w	hich prepare	er has any knowledge	
		A Charles		9.00	V 15
Sig	gn	Signature of officer'		Date	
Не	re	ROY KEISTER, PRESIDENT			
		Type or print name and title		Data / Jane 5	PTIN
_		Print/Type preparer's name Preparer's signature]	Date Check	
Pa	- F	ROBERT I. WATKINS CPA	self-employ	59-2645714	
	· •	FIRM'S name ROBERT WATKINS & COMPANY, P.A.	· · · ·	Firm's EIN	37-2043/14
US	e Only	Firm's address 610 S. BOULEVARD TAMPA, FL 33606		Dhone as Q1	3-254-3369
_				Prione no O 1	X Yes No
Ma	ay the IR	S discuss this return with the preparer shown above? (see instructions)		<u> </u>	Form 990 (2014)

Form	1990 (2014) FACCM, INC.	_65-0079688	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	TO PROMOTE HIGH STANDARDS OF EARLY CHILD CARE AND EDUCA'	TION THROUGH	
	ADVOCACY, PROFESSIONAL DEVELOPMENT, AND ACCREDITATION E		
	CONTINUED SUCCESS OF THE PRIVATE CHILD CARE INDUSTRY		
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.	ies	110
3		□ Vaa	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	res	TT NO
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a)
	_ 	THE LEADING	
	PROFESSIONAL ORGANIZATION FOR EARLY LEARNING EDUCATORS		
	PRESCHOOLS. SEEDS GIVES TEACHERS IN SCHOOLS THE OPPORT		
	PARTICIPATE IN AN ORGANIZATION DESIGNED TO MEET THEIR N		AIDE_
	THEM WITH INFORMATION AND OPPORTUNITIES TO INCREASE THE	IR SKILL AND	
	EFFECTIVENESS IN THE CLASSROOM.		
		(APPLE) IS A	
	NATIONAL EARLY LEARNING PROGRAM ACCREDITATION. WITH OVE		
	ACCREDITED PROGRAMS AND MANY MORE ENGAGED IN THE PROCES	S, APPLE IS	
	ACCEPTED INTO THE GOLD SEAL OF QUALITY PROGRAM.		
4b	(Code) (Expenses \$	ue \$)
			
		-	
			
4c	(Code) (Expenses \$) (Reven	ue \$)
			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$	Y	
40	Total program service expenses		

Form **990** (2014)

	990 (2014) FACCM, INC. 65-007	<u>9688</u>	P	age 3
Pa	t IV Checklist of Required Schedules		,	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Ì	
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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	<u>X</u>	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effection of the organization engage in lobbying activities, or have a section 501(h) election in effection of the organization engage in lobbying activities, or have a section 501(h) election in effection of the organization engage in lobbying activities, or have a section 501(h) election in effection of the organization engage in lobbying activities, or have a section 501(h) election in effection of the organization engage in lobbying activities.	;t		
	during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 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 "Yes," complete Schedule D, Part	/ 6	<u> </u>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	ļ		.,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ļ	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	1	ł	
_	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?		l	v
40	If "Yes," complete Schedule D, Part IV	9	1	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		1	X
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	x	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110	- 	-
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total	1.15		=-
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
а	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	1		
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		X
12a				
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	ļ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			l
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			l
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		1	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	1	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			U
	1c and 8a? If "Yes," complete Schedule G, Part II	18	-	X
10	Did the erganization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a? If "Ves "	1	1	1

19

20a

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule ${\cal H}$

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2014) FACCM, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	_No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_ <u>X</u>	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
••	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No", go to line 25a	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-	ļ	
-4	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
••	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
	complete Schedule L, Part II	26		_ <u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	0.7		Х
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	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)	00-	1	Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		$-\frac{\Lambda}{X}$
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
¢	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c	, [Х
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			$-\frac{x}{x}$
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		Х
24	contributions? If "Yes," complete Schedule M	30_		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		Х
20	If "Yes," complete Schedule N, Part I			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		Х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- JE		
55	sections 301.7701·2 and 301 7701·3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
.	Part V, line 1	34		Х
35a	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	1		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
55	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u></u>		_
5 5	Note. All Form 990 filers are required to complete Schedule O	38	х	
	Age. All 1 of the 550 fillers are required to complete ochequie o		000	(2014

Enter the number reported in Box 3 of Form 1096. Enter 4- if not applicable Ta		Check if Schedule O contains a response or note to any line in this Part V						
15 Effect the number of forms Way Cal included in the 1.5 Enter -0" in rick applicable Distriction number of forms way known and the 1.5 Enter -0" in rick applicable Distriction number of forms way known and the 1.5 Enter -0" in rick applicable payments to vendors and reportable gamming (gambling) with making with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) with making with the control of the called by sever ending with or within the year covered by this return. 10 If all said and are a second 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 natrictions) 3a Did the organization have ventaled boueness greater than 250, you may be required to e-file (see natrictions) 3b If "Yes," and set if set of a form 990-T for this year? If "No," to line 3b, provide an explaination in Schedule O 3b If "Yes," and during the callendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country flex has a bank account, securities account, or other financial account or financial account or foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization aparty to a prohibited tax shelter transaction? 5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of Fior 8886T? 5c If "Yes," did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," did the organization will be organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," did the organization in exclude with see schematic solutions and the property of the second				Yes	No			
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (2a Brothing) winnings to prize winners? 2a Brite the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 1b If all least one is reported on line 2b, or within the year covered by this return 1b If all least one is reported on line 2b, or within the year covered by this return 1b If If I all least one is reported on line 2b, or within the year covered by this return 1c I all least one is reported on line 2b, or within the year covered by this return 1c I all least one is reported on line 2b, or within the year covered by this return 1c I all least one is reported on line 2b, or within the year covered by this return 1c I all least one is reported on line 2b, or within the year year or within the year year year year year year year yea	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 17						
describing winnings to prize winners? 8 Effect the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, lied for the calender year ending with or within the year covered by this return 8 If a least one is reported on line 2a, 6th the organization file all required faderal employment tax returns? 8 Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 8 If I'ves, has it filed a Form 990-7 for this year? I'We, 'o' line 8d, provide an explanation in Schedule O 8 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, or other financial account)? 8 If 'Yes, 'enter the name of the foreign country: I'We, 'o' line 8d, provide an explanation in Schedule O 8 If 'Yes, 'o' line so are 5b, of the organization that it was or its a party to a prohibited tax sheller transaction at any time during the tax year? 9 Did any taxable party nortify the organization that it was or its a party to a prohibited tax sheller transaction at any contributions that were not tax deductibles? 9 If 'Yes, 'o' line So or 5b, of the organization that it was or its a party to a prohibition stat were not tax deductibles? 9 If 'Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 9 If 'Yes, 'did the organization nortify the donor of the value of the goods or services provided? 10 Did the organization review a playment in excess of \$75 made party as a contribution of organization state may receive deductible contributions under section 170(c). 10 Did the organization review a playment in excess of \$75 made party as a contribution of organization state and party for goods and services provided? 10 Did the organization review a playment in excess of \$75 made party as a contribution of organization state and party for goods and services provided? 1	ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			l			
2a Effet the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return. If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-life (see instructions) 3a IV the variance of the common state of the	c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			l			
fled for the calendary year ending with or within the year covered by this return bit of all tests tone is reported on line 22, all 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-rife (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year? by 18 and 18 and 18 and 2a is greater than 250, you may be required to e-rife (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year? by 18 and 18		(gambling) winnings to prize winners?	1c	X				
b If a least one is reported on time 2a, dut the organization file all required federal employment tax returns? Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions) 30 Did the organization have unrelated business gross income of \$1,000 or more during the year? 31 A any time during the calendary 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 account)? 32 A 3 X X 3 B	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
Note. If the sum of lines 1a and 2 is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; or the financial cocount, or the financial account; or the financial cocount in a foreign country (such as a bank account, securities account, or other financial account; or the financial accounts; (FBAR). 5 If "Yes," enter the name of the foreign country: ▶ 5 See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party northy the organization that it was or a party to a prohibited tax shelter transaction? 5 Did any taxable party northy the organization that it was or a party to a prohibited tax shelter transaction? 5 Did any taxable party northy the organization that it was or a party to a prohibited tax shelter transaction? 5 Did "Yes," to line 5a or 5b, did the organization file Form 8886-17 6 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 dedicutible? 7 Organizations that may receive deductible contributions under section 170(e). 8 Did the organization relative that the contributions under section 170(e). 9 Did the organization sell, exchange, or chinavise dispose of tangible personal property for which it was required to tife Form 8282? 10 Did the organization sell, exchange, or chinavise dispose of tangible personal property for which it was required? 11 Did the organization conserved by filed during the year. 12 Did the organization conserved any filed by filed property, did the organization tife Form 8283 as required? 13 If the organization service any payment		filed for the calendar year ending with or within the year covered by this return 2a 6						
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes,* has it filed a Form 990-T for this year? If 'No,* to line 3b, provide an explanation in Schedule O 4b 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 accounts (FBAR). 5c Emistructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5c If Yes,* to line 5a or 5b, did the organization that if was or is a party to a prohibited tax shelter transaction? 6c If Yes,* to line 5a or 5b, did the organization that if was or is a party to a prohibited tax shelter transaction at any contributions that were not tax deductible as charitable contributions? 6c If Yes,* to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organization shall may receive deductible contributions under section 170(e). 8d ble the organization shall may receive deductible contributions under section 170(e). 8d ble the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7d If Yes,* did the organization ortify the donor of the value of the goods or services provided? 8d If Yes,* did the organization ortify the donor of the value of the goods or services provided? 9d If Yes,* did the organization received any funds, directly, to pay premiums on an personal benefit contract? 9d If Yes,* did the organization received a contribution of qualified intellectual property, did the organization file a form 1098-C? 7d If Yes,* did the organization make any taxable distributions under section 4968? 9d Sponsoring organization make any taxabl	ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X				
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e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? fif the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? fif the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. 10 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Intitation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization is censed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," p	4		,,,					
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		ii 169, nas it mos a 1 om 120 to report these payments. II 140, provide an explanation in ochedule o		990	(2014)			

65-0079688 Form 990 (2014) FACCM, INC. Part VI 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 18 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 18 1b b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b Х persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a X a The governing body? Х b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? $\overline{\mathbf{X}}$ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 $\overline{\mathbf{X}}$ 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X 15b b Other officers or key employees of the organization 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 X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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 Upon request Own website ___ Another's website 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: > ELLYN BOGDANOFF - 800-322-2603

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33316

908 S. ANDREWS AVENUE, FORT LAUDERDALE,

FACCM,	INC.		65-0079688	F
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B)			(C Pos		1		(D) Reportable	(E) Reportable	(F) Estimated	
Name and Title	Average hours per		not c unle	neck	more	than		1	compensation	amount of	
	week	offic	cer an					from	from related	other	
	(list any	director						the	organizations	compensation	
	hours for	5	88			age	1	organization	(W-2/1099-MISC)	from the	
	related organizations	Individual trustee	Institutional trustee		88	ngens Light		(W-2/1099-MISC)		organization and related	
	below	draft f	rbona Bona	_	η du	St Co.	, E			organizations	
	line)	thoffy	퇄	Je G	Кеу етріоуее	Highest compensated employee	Former				
(1) HOWARD ROSS	5.00										
DIRECTOR		Х						0.	0.	0.	
(2) DANIEL OSBORNE	5.00								-		
LEGISLATIVE CHAIR		X					L.	0.	0.	0.	
(3) MARSHAS MYRTHIL (1/1/14-5/31/14	5.00										
SECRETARY		X		X			_	0.	0.	0.	
(4) JORGE PEREZ	5.00			'		1			_	_	
DIRECTOR		X					_	0.	0.	0.	
(5) STUART ZAIKOV (1/1/14-11/30/14)	5.00										
VICE PRESIDENT		X		X		_	L	0.	0.	0.	
(6) DOUGLAS MILLARD	5.00									_	
SECRETARY		X		X		<u> </u>	_	0.	0.	0.	
(7) ARLENE MILLER	5.00				ļ	ļ					
DIRECTOR		X		ļ		<u> </u>	⊢-	0.	0.	0.	
(8) MATTY LORET DE MOLA (1/1/14-5/3	5.00	,,					ļ			_	
DIRECTOR	F 00	X		_		-	⊢	0.	0.	0.	
(9) TRIPP CROUCH	5.00				ļ]		0.	0.	0.	
APPLE CHAIR	5.00	X				-	-	<u> </u>	<u> </u>		
(10) ERIK FRESEN	3.00	X						0.	0.	0.	
DIRECTOR	5.00	_	-	 —	-	\vdash	┝				
(11) ROY KEISTER	3.00	X		Х				0.	o.	0.	
PRESIDENT (12) SATROHAN RAMNATH	5.00	^	-	^		\vdash	┝	 			
DIRECTOR	3.00	Х				ļ		0.	0.	ο.	
(13) RICARDO CAMPO	5.00				<u> </u>	-	<u> </u>				
DIRECTOR	3.00	X			ĺ	i		0.	0.	О.	
(14) KEVIN PATRICK	5.00			-	_			 			
DIRECTOR		X			ļ			0.	0.	0.	
(15) TERRIE ELLIS	5.00				_	ľ	r		-		
VP/SARGEANT AT ARMS		Х		X		ł		0.	0.	ο.	
(16) JULIA MUSELLA	5.00						Γ				
MEMBERSHIP CHAIR		Х				_		0.	0.	0 .	
(17) ERIC EPSTEIN	5.00										
DIRECTOR		X				<u></u>		0.	0.	0.	
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Part VII Section A. Officers, Directors, True		PiO	, e e S			Hile	<u> </u>						
(A)	(B) Average	(C) Position				1		(D)	(E)		_	(F)	
Name and title	hours per	(do not check more than one box, unless person is both an				than		Reportable	Reportable			timate	
	week					or/trus		compensation	compensation from related			nount other	
	(list any	Ę						the	organization			pensa	
	hours for	director	ĺ			- R			(W-2/1099-MIS	I		om th	
	related	5	\$ <u>\$</u>			l të	ŀ	(W·2/1099-MISC)	(- '		anızat	
	organizations	Trustee	la T	İ	8	퉅		, , _ , , , , , , , , , , , , , , , , ,			_	d relat	
	below	Individual	Institutional trustee	 52	Key employee	Highest compensated employee	Ē				orga	anizati	ons
	line)	혈	lust	Officer	Ş.	長島	튵						
(18) JOEY EPSTEIN	5.00												
DIRECTOR		X	<u> </u>		<u> </u>			0.		0.			0.
(19) MARVIN LEVIN	5.00				ļ		İ						
DIRECTOR		X				<u>L</u>		0.		0.			0.
(20) ELLYN BOGDANOFF	40.00]]									
EXECUTIVE DIRECTOR	<u> </u>		<u> </u>	X				150,000.		0.			0.
]											
							1						
				Ì									
				ł	ł	1	1			}			
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			1				İ						
	 		-	-	╁	+-	┼─	 					
		┨								ļ			
41. 0.4.4.4.1	<u> </u>	!	<u> </u>	<u>. </u>	<u> </u>			150,000.		0.			0.
1b Sub-total							>	0.		0.			0.
c Total from continuation sheets to Part V	II, Section A							150,000.		0.			0.
d Total (add lines 1b and 1c)													
2 Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) w	ho r	received more than \$100	,000 of reportab	le			1
compensation from the organization												Yes	No
										ļ		165	-140
3 Did the organization list any former officer			e, ke	ey er	mpi	oyee	, or	nignest compensated e	mployee on				v
line 1a? If "Yes," complete Schedule J for										İ	3		X
4 For any individual listed on line 1a, is the s									the organization				.,
and related organizations greater than \$15			-								4		Х
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion i	from	an	y uni	relat	ted organization or indiv	dual for services	;			
rendered to the organization? If "Yes," cor	nplete Schedui	le J 1	for s	<u>uch</u>	per	son					5	X	
Section B. Independent Contractors									- <u>-</u>				_
1 Complete this table for your five highest co	ompensated in	dep	ende	ent c	ont	racto	ors	that received more than	\$100,000 of con	npens	ation f	rom	
the organization. Report compensation for	the calendar y	ear	end	ing v	vith	or w	/ithi	n the organization's tax	year.		_		
(A)								(B)			(C	>)	
Name and business								Description of s	ervices	C	ompe	nsatio	n
ENTERPRISE BUSINESS STRA	TEGIES,	II	NC	• ,	9	08		OFFICER					
S. ANDREWS AVENUE, FORT	LAUDERD	AL!	Ε,	F]	L			COMPENSATION	/EXPENSE		15	2,3	24.
									Į				
		_											
									l				
											_		
													
									ļ				
2 Total number of independent contractors	(including but a	not li	mite	ed to	the	ا مع	ster	d above) who received m	ore than		······································		
\$100,000 of compensation from the organ					.,,,	1	٠,٥١	IIIO IGOGIYOU II					
— wroo,ooo or compensation from the organ	neauvii 💌										Form	000 /	0014

			Check if Schedule O cont	aine a reenonce	or note to any lin	e in this Bart VIII			
	•		Oneok ii ochiedale o com	ania a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns	1a				······	
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b					
s, C Am		c	Fundraising events	1c					
ila il		d	Related organizations	1d					
ns, ini		е	Government grants (contribut	ions) 1e					
itio er S		f	All other contributions, gifts, gran	ts, and					
뒃			similar amounts not included above	ve 1f					
on de		_		1a-1f \$:			
0 <u>e</u>		h	Total. Add lines 1a-1f		.				
Δ.	_		APPLE ACCREDITA	ΠΤΛΝΙ	Business Code 611710	306,760.	206 760		
Š	2		DAGGIE ANDRESS ME		611710	248,149.	306,760. 248,149.		
Ser		b	VERIFICATION	PIDENSIII	611710	237,875.	237,875.		+
E S		d	SEEDS ANNUAL ME	MBERSHI	611710	34,335.	34,335.		+
Program Service Revenue		u e	DEEDO IMMOIM III	IIDDROIII	011710	34/333.	34,333.		
7		f	All other program service reve	nue					
			Total. Add lines 2a-2f		•	827,119.			
	3	}	Investment income (including	dividends, intere	est, and				
			other similar amounts)		▶	295.			295.
	4		Income from investment of tax	k-exempt bond p	proceeds 🕨				
	5	•	Royalties		•				
	_			(i) Real	(II) Personal				
	6		Gross rents						
		þ	Less: rental expenses		 				
	ĺ	6	Rental income or (loss) Net rental income or (loss)	L					1
	7	d a	Gross amount from sales of	(i) Securities	(II) Other				
	<i>'</i>		assets other than inventory	(i) Gecunnes	(ii) Other				
		b	Less: cost or other basis	<u> </u>	<u> </u>				
	1	_	and sales expenses	ĺ					
		С							
		ď	Net gain or (loss)		•				
ē	8	a	Gross income from fundraising	g events (not					
			including \$	of					
Other Reven			contributions reported on line	1c). See					
ē			Part IV, line 18	а					
ਰੋ			•	. b	<u> </u>				
	١,								
	9	a	Gross income from gaming ac Part IV, line 19						
	l	h	Less: direct expenses	a b	<u> </u>				
			Net income or (loss) from gam				İ		
	10		Gross sales of inventory, less	-					
	'-	_	and allowances	. a					
		b	Less: cost of goods sold	b					
		С	Net income or (loss) from sale	s of inventory	>	······································			
	<u> </u>		Miscellaneous Revenu		Business Code				
	11	a	CONFERENCE INCO	ME	611710	94,204.			94,204.
		b	CORE REVENUE	ENTIE	611710	8,325.			8,325.
		c d	PARTNERSHIP REV	ENOE_	611710	6,317. 687.			6,317.
		_	Total. Add lines 11a-11d		D	109,533.			507.
	12		_Total revenue. See instructions	-	•	936,947.	827,119.	0	109,828.

Form 990 (2014) FACCM, INC. Part IX Statement of Functional Expenses

<u> </u>	Charlet Sahadida O contains a recessor or note to any line in this Bort IX									
	Check if Schedule O contains a response or note to any line in this Part IX On not include amounts reported on lines 6b, Tatal All Process Contains Amounts and CD (D) Fundament and Fundament and Fundament and Fundament and Fundament and Fundament and CD (D)									
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations		<u> </u>	95115151						
•	and domestic governments See Part IV, line 21	36,582.								
2	Grants and other assistance to domestic									
_	Individuals. See Part IV, line 22	200.								
3	Grants and other assistance to foreign									
•	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members			, , ,						
5	Compensation of current officers, directors,									
	trustees, and key employees	150,000.								
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)				<u>.</u>					
7	Other salaries and wages	221,510.								
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes	23,455.			_					
11	Fees for services (non-employees):									
а	Management	16,104.								
b	Legal	4,503.								
C	Accounting	21,750.		-						
d	Lobbying Professional fundraising services See Part IV, line 17	21,750.	-11 							
e f	Investment management fees			<u> </u>						
_	Other. (If line 11g amount exceeds 10% of line 25,									
9	column (A) amount, list line 11g expenses on Sch 0)	67,729.								
12	Advertising and promotion	67,729. 82.								
13	Office expenses	6,025.								
14	Information technology	10,385.								
15	Royalties									
16	Occupancy	19,277.			_					
17	Travel	16,544.								
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	160 601								
19	Conferences, conventions, and meetings	162,691.								
20	Interest		· · · · · · · · · · · · · · · · · · ·							
21	Payments to affiliates	519.		 						
22	Depreciation, depletion, and amortization	22,483.								
23	Insurance	22/103.	······································							
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line									
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)									
•	APPLE ACCREDITATION	132,651.	.,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>					
b	BANK FEES	11,197.								
c	TELEPHONE	9,977.								
d	LEASED EQUIPMENT	7,604.								
-	All other expenses	26,626.								
25	Total functional expenses. Add lines 1 through 24e	967,894.			<u> </u>					
26	Joint costs Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation									
	Check here If following SOP 98-2 (ASC 958-720)				<u> </u>					

65-0079688 Page 11 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 97,939. 500. Cash · non-interest-bearing 1 253,219 383,543.2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Assets employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 7 Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 31,867 10a basis. Complete Part VI of Schedule D 31,781. 605. 86. b Less accumulated depreciation 10b 10c 18,494. 18,496. 11 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments · program-related. See Part IV, line 11 14 Intangible assets 14 700. 15 Other assets. See Part IV, line 11 15 403,142. 370,440. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L. 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 2,781. 1,026. 25

> 369,414.370,440. Form **990** (2014)

1,026.

369,414.

2,781.

400,361.

400,361

403,142.

26

27

28 29

30 31

32

33

34

Net Assets or Fund Balances

28

31

32

33

Schedule D

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25

complete lines 27 through 29, and lines 33 and 34.

Organizations that follow SFAS 117 (ASC 958), check here

Organizations that do not follow SFAS 117 (ASC 958), check here

orm	990 (2014) FACCM, INC.	65-0079	688	Page 12
Pai	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
			000	
1	Total revenue (must equal Part VIII, column (A), line 12)	_1	936	,947.
2	Total expenses (must equal Part IX, column (A), line 25)	2		
3	Revenue less expenses. Subtract line 2 from line 1	3		,947.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	400	,361.
5	Net unrealized gains (losses) on investments	_ 5		
6	Donated services and use of facilities	_ 6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	369	,414.
Pa	rt XIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			1
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audīt,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt		
	Act and OMB Circular A-133?		3a	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	_	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	200 :22
			Form !	990 (2014)

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

2014
Open to Public Inspection

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organizat	ione: Complete Part III			
	ne of organization	ions. Complete Fart III.		Emp	loyer identification number
	FACCM,	INC.			65-0079688
Pa	ert I-A Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527 o	
		•			
1	Provide a description of the organiz	ation's direct and indirect politic	cal campaign activities	ın Part IV.	
2	Political expenditures			▶ \$	36,332.
3	Volunteer hours				
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c))(3).	
1	Enter the amount of any excise tax			▶ 9	S
	Enter the amount of any excise tax	•		5 ▶ \$	S
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	anization is exempt und	ler section 501(c)	, except section 501	(c)(3).
1	Enter the amount directly expended	by the filing organization for se	ction 527 exempt fund	ction activities	\$
2	Enter the amount of the filing organ	ization's funds contributed to ot	her organizations for s	section 527	
	exempt function activities			▶ 9	\$
3	Total exempt function expenditures	. Add lines 1 and 2. Enter here a	and on Form 1120-POL	_,	
	line 17b			▶ 9	š
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and en	nployer identification number (El	IN) of all section 527 p	olitical organizations to whi	ch the filing organization
	made payments. For each organiza	tion listed, enter the amount pai	d from the filing organi	ızatıon's funds. Also enter t	he amount of political
	contributions received that were pre-				ate segregated fund or a
	political action committee (PAC). If	additional space is needed, prov	vide information in Par	t IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds If none, enter •0•	promptly and directly delivered to a separate
					political organization.
					If none, enter -0
				į	

Schedule C (Form 990 or 990-EZ) 2014				65-0	079688 Page 2
Part II-A Complete if the org	anization is exer	npt under section	on 501(c)(3) and file	ed Form 5768 (election under
section 501(h)).					·
			n Part IV each affiliated	group member's nar	ne, address, EIN,
	e of excess lobbying	•			
B Check ► L if the filing organizat	tion checked box A ar	id "limited control" pr	ovisions apply.		7
Limit	s on Lobbying Expe	nditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expend	litures" means amou	nts paid or incurred	.)	totals	.0.0.0
1a Total lobbying expenditures to influ	ience public opinion (arase roots lobbying)			
b Total lobbying expenditures to influ			ŀ		
c Total lobbying expenditures (add lii	-	y (direct loopying)	1		
d Other exempt purpose expenditure	•				
e Total exempt purpose expenditures		1)			
f Lobbying nontaxable amount. Ente	r the amount from the	following table in bo	th columns.		
If the amount on line 1e, column (a) of	r (b) is: The lob	bying nontaxable an	nount is:		
Not over \$500,000	20% of	the amount on line 1e)		
Over \$500,000 but not over \$1,000	,000 \$100,00	0 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	0 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000 \$225,00	0 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			
					
g Grassroots nontaxable amount (en	•				
h Subtract line 1g from line 1a. If zero			}		
i Subtract line 1f from line 1c. If zero		line 1, did the erassis	Lation file Form 4720		<u> </u>
j If there is an amount other than zer reporting section 4911 tax for this		line 11, did the organiz	tation life Form 4720		Yes No
reporting section 4911 tax for this		eraging Period Unde	r section 501(h)		ies into
(Some organizations th				f the five columns I	oelow.
		ate instructions for l			
	Lobbying Exper	nditures During 4-Ye	ar Averaging Period		
Colondar voor					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
				-	
2a Lobbying nontaxable amount	······································				
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
c rotal loboying expenditures			-		
d Grassroots nontaxable amount					
e Grassroots celling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
				Schedule C (Form	990 or 990-EZ) 2014

Schedule C (Form 990 or 990 EZ) 2014 FACCM, INC. 65-007968 Part IJ-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(6	1)	(b)
of the lobbying activity.	Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?			_	
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?			_	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				· · · · · · · · · · · · · · · · · · ·
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		(5)		
Part III-A Complete if the organization is exempt under section 501(c)(4), sect	on 501(c)	(5), or se	ction	
501(c)(6).			Yes	No
2 available to the H 2000		1		Х
1 Were substantially all (90% or more) dues received nondeductible by members?		2		X
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? 		2		X
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."		1		2,484.
1 Dues, assessments and similar amounts from members	ioal	•	20.	-, 1011
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures).	icai			
expenses for which the section 527(f) tax was paid).		2a	58	3,082.
a Current year		2b		
b Carryover from last year		2c	58	3,082.
 Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 		3		5,852.
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 102(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5	<2	8,770.
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounds)	ip list); Part	II-A, lines 1 a	and 2 (see	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.				
PART I-A, LINE 1:				
POLITICAL CONTRIBUTIONS TO THE FOLLOWING ENTITIES:				
-FLORIDA'S VOICE OF EARLY LEARNING.		_		
-CITIZENS FOR BROWARD'S CHILDREN.				
-FRIEND OF CHILDREN'S SERVICES.			_	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

FACCM, INC.

Employer identification number 65-0079688

organization answered "Yes" to Form 990, Part IV, line 6. 1 Total number at end of year 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 Did the organization inform all choices and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization for subject to the organization's exclusive legal control? Potential Conservation essements and to for the benefit of the donor or donor advisor, or for any other purpose conferring inneremisable purvate hearies? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation essements held by the organization of check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure and the structure in the form of a conservation essement on the last day of the tax year. a Total number of conservation essements b Total acrasge restricted by conservation essements c Number of conservation essements in control of the organization during the tax year Number of conservation essements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of conservation essements modified, tran	Pa	TI Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
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Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)		· ———		
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Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Boes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amount relating to these items: (i) Revenue included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ Boes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes Note of the footnote in the footnote of the organization of the organization of the organization of the organization and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part 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 sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amount relating to these items: (i) Revenue included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 		•		
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and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part 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 sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amount: relating to these items: (i) Revenue included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	7			
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2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide		-		▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide				▶ \$
	2	· ·	easures, or other similar assets for financial cair	
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	-			.,
·	a		TO VIEW GOOD FOREING TO THOSE ROTHER	> \$
		Assets included in Form 990, Part X		▶ \$

		INC.						65-00			<u>age 2</u>
Par	t III Organizations Maintaining C	Collections of A	<u>rt, His</u>	torical Tr	easures,	or Othe	<u>er Simil</u>	<u>ar Asse</u>	ts (contu	าued)_	
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	it are a si	gnıfıcant	use of its	collectio	n Items	S
	(check all that apply):										
а	Public exhibition	c	, <u> </u>	Loan or exc	hange progra	ams					
b	Scholarly research	e	, 🗀	Other							
C	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	hey further t	he organizati	on's exer	mpt purp	ose in Pari	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, h	istorical trea	sures, or oth	er sımılar	assets		_		_
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	inization's co	ollection?				Yes		No
Par	Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	n answered	"Yes" to	Form 990), Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other as	sets not	ıncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:							
									Amoun	t	
C	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						_1f		<u></u>		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for	escrow or co	ustodial acco	ount liabil	ıty?	l	Yes	<u> </u>	No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the e	xplanation	on has been	provided in	Part XIII					
Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 1	0				
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance]		<u> </u>						
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment ▶	%									
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c should	uld equal 100%									
3a	Are there endowment funds not in the posse	ession of the organiz	ation the	at are held a	nd administe	ered for t	he organı	zation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Sche	dule R?					3b	<u> </u>	
4	Describe in Part XIII the intended uses of the	e organization's ende	owment	funds.							
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" to Form 990), Part IV	/, line 11a S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o			or other (other)		ccumulat preciation		(d) Boo	k value	a
1a	Land										
b	Buildings										
С	Leasehold improvements										
	Equipment			3	1,867.		31,7	81.			86.
	Other										
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colui	mn (B), line 1	(0c)			•			86.

1. (a) Description of Hability (b) Book value

(1) Federal Income taxes
(2) HEALTH INSURANCE PAYABLE 381.

(3) PAYROLL TAXES PAYABLE 645.

(4)
(5)
(6)
(7)
(8)
(9)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	rt XI Reconciliation of Revenue per Audited Financial Sta	tomonto With Dovon	ue nor Deture	e 4
70			ue per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, lin	e 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا مما		
a b	Net unrealized gains (losses) on investments Donated services and use of facilities	2a 2b		
c	Recoveries of prior year grants	2c		
d		2d		
e		20	2e	
3	Subtract line 2e from line 1		3	—
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	rt XII Reconciliation of Expenses per Audited Financial St		nses per Return.	
التربية.	Complete if the organization answered "Yes" to Form 990, Part IV, lin			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		- · · · · · · · · · · · · · · · · · · ·	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d		2d		
e		<u></u>	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
		1 . 1		
а	Investment expenses not included on Form 990. Part VIII, line 7b	4a	1 1	
a b		4a 4b		
b	Other (Describe in Part XIII.)		4c	
b	Other (Describe in Part XIII.) Add lines 4a and 4b	4b	4c 5	
b c 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 1	4b		<u> </u>
b 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 1 art XIII Supplemental Information.	4b	5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 1	4b 8.) 4; Part IV, lines 1b and 2b;	5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Finde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	4b 8.) 4; Part IV, lines 1b and 2b;	5	
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5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Finde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	4b 8.) 4; Part IV, lines 1b and 2b;	5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Finde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	4b 8.) 4; Part IV, lines 1b and 2b;	5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Finde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	4b 8.) 4; Part IV, lines 1b and 2b;	5	
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5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Finde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	4b 8.) 4; Part IV, lines 1b and 2b;	5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Finde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	4b 8.) 4; Part IV, lines 1b and 2b;	5	
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5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Finde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	4b 8.) 4; Part IV, lines 1b and 2b;	5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Finde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	4b 8.) 4; Part IV, lines 1b and 2b;	5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Finde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	4b 8.) 4; Part IV, lines 1b and 2b;	5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Finde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	4b 8.) 4; Part IV, lines 1b and 2b;	5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Finde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	4b 8.) 4; Part IV, lines 1b and 2b;	5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Finde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	4b 8.) 4; Part IV, lines 1b and 2b;	5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Finde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	4b 8.) 4; Part IV, lines 1b and 2b;	5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Finde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	4b 8.) 4; Part IV, lines 1b and 2b;	5	

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. FACCM. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

JMB No 1545-0047

Open to Public 2014 Inspection **Employer identification number**

65-0079688

» X Schedule I (Form 990) (2014) POLITICAL CONTRIBUTION (h) Purpose of grant or assistance Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance valuation (book, FMV, appraisal, other) (f) Method of o (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 34,832 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table 527 46-4790398 Part 1 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization FLORIDA'S VOICE FOR LEARNING or government 610 S BOULEVARD TAMPA, FL 33606 Partil

432101 10-15-14

Schedule I (Form 990) (2014) FACCM, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Description of non-cash assistance
Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ured in Part I, line	e 2, Part III, column	(b), and any other ac	dditional information.	

Schedule I (Form 990) (2014)

SCHEDULE J (Form.990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

Open to Public

65-0079688

Internal Revenue Service Name of the organization

Department of the Treasury

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. **Employer identification number**

Inspection

OMB No 1545-0047

Pŧ	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,		ĺ	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization.			
а	Receive a severance payment or change-of-control payment?	_4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b_		Х
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of.	- [
а	The organization?	5a	<u> </u>	—
b	Any related organization?	5b	ļ	ļ
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of		1	
	The organization?	6a		+
b	Any related organization?	<u>6</u> b	<u> </u>	
_	If "Yes" to line 6a or 6b, describe in Part III.			
7	· · · · · · · · · · · · · · · · · · ·	_	1	
	not described in lines 5 and 6? If "Yes," describe in Part III	7	ļ	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		1	
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	ļ	+
9				
	Regulations section 53.4958-6(c)?	9		1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

FACCM, INC.

Schedule J (Form 990) 2014

Part # Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VIII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of V	(R) Breakdown of W-2 and/or 1090-MISG compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(a) Dicarcomii oi	אב מותם ומפו או	o componication	other deferred		(D)-(M)(D)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			g =
(1) ELLYN BOGDANOFF	9	150,000.	0	0	0	0	150,000.	0
CUTIVE DIRECTOR		0	0	0	0	0.	0	0
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Schedule J (Form 990) 2014

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Employer identification number

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

65-0079688 FACCM, INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: DEVELOPMENT, AND ACCREDITATION ENSURING THE CONTINUED SUCCESS OF THE PRIVATE CHILD CARE INDUSTRY. FORM 990, PART VI, SECTION B, LINE 11: NO REVIEW WAS OR WILL BE CONDUCTED FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS SHALL DISCLOSE ANY BUSINESS RELATIONSHIP WITH OTHER BOARD MEMBERS AND/OR STAFF, AND SHALL DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THE AUTHORITY TO DETERMINE CONFLICT OF INTEREST SHALL REST OF INTEREST. WITH THE BOARD. GENERALLY, NO BOARD MEMBER MAY FINANCIALLY GAIN AS A RESULT OF ANY ACTIVITY OF THE BOARD OR BE ASSOCIATED WITH ANY COMPANY OR ORGANIZATION CONTRACTING OR DOING BUSINESS OR POTENTIALLY IN CONFLICT WITH THE ORGANIZATION IN ANY FORM UNLESS THE BOARD MEMBER HAS PROVIDED FULL DISCLOSURE AND RECEIVED EXEMPTION BY A 2/3 VOTE OF THE BOARD PRIOR TO THE TRANSACTION. FORM 990, PART VI, SECTION B, LINE 15A: EXECUTIVE COMMITTEE REVIEWS EXECUTIVE DIRECTOR'S SALARY ANNUALLY AND COMPLETES A BOARD OF DIRECTOR ANLYSIS, DOCUMENTED WITH WRITTEN EMPLOYMENT AGREEMENT. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION DOES NOT MAKE THESE DOCUMENTS AVAILABLE TO THE PUBLIC.

THE ORGANIZATION'S BYLAWS ARE AVAILABLE ON THEIR WEBSITE.