

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A	ror tn	e 2017 calendar year, or tax year beginning and	a enging						
В	Check if applicab	C Name of organization		D Employer identif	ication number				
	Addre	e FACCM, INC.							
L	Name	Doing business as		65~0	079688				
	initial return	Number and street (or P.O. box if mail is not delivered to street address)	er						
Г	Final	610 S. BOULEVARD			254-3369				
	termin			G Gross receipts \$	864,962.				
Γ-	Amen	ded manna by 22606							
늗	lreturn			H(a) Is this a group r					
pending load a AMPDIME AMPLIANT TO THE TOTAL TO SUDORGIANTS / Tes									
908 S. ANDREWS AVENUE, FORT LAUDERDALE, FL H(b) Are all subordinates included? Yes									
		empt status: 501(c)(3)X 501(c) (6) ◀ (insert no.) 4947(a)(1)	or 25	27 If "No," attach a	ı lıst (see ınstructions)				
		te: ► WWW.FACCM.ORG	<u> </u>	H(c) Group exemption					
<u>K</u>	Form o	organization. X Corporation Trust Association Other	L_Ye	ar of formation: 1988	VI State of legal domicile: ${f FL}$				
P	art I	Summary							
_	1	Briefly describe the organization's mission or most significant activities TO P	ROMOT	E HIGH STAND	ARDS OF				
Actiyıtıes & Governance	1	EARLY CHILD CARE AND EDUCATION THROUGH A	DVOCZ	CY PROFESSI	ONAL				
la L	2								
Ver			osea oi m		14				
Ĝ	3	Number of voting members of the governing body (Part VI, line 1a)		3					
ಿಕ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	14				
ies	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	5				
烹	6	Total number of volunteers (estimate if necessary)		6	0				
ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
	1			Prior Year	Current Year				
a	8	Contributions and grants (Part VIII, line 1h)		0.	0.				
Ž	9	Program service revenue (Part VIII, line 2g)		833,784.	800,615.				
Revenue	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	476.	623.				
æ			<u> </u>	57,929.	63,724.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-		<u> </u>				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		892,189.	864,962.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	47,000.	25,000.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>_</u>	0.	0.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		436,169.	447,784.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	ſ	0.	0.				
ĝ	Ь	Total fundraising expenses (Part IX, column (D), line 25)	0. [
ш	17	Other expenses (Part IX, column (A), lines 11a-11g, 11124e)		361,386.	346,455.				
	18	Total expenses Add lines 13-17 (must equal Part-IX, column (A), line 25)	- F	844,555.	819,239.				
		1 1	r	47,634.	45,723.				
- S	+	15-1 MVA 1 0 5010 1001	+						
ssets or Balances	20	Total assets (Bart V. Inc. 10)	-	Beginning of Current Year 506,603.	End of Year 552, 450.				
SSE	20	Total assets (Part X, Inne 16)	-						
Net As Fund B		Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20.	- ⊢	3,167.	3,291.				
		14et assets of fund balances Subtract line_21=#Off line 20		503,436.	549,159.				
	art II	Signature Block							
		lties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is				
true	. correc	t, and comp lete . Declaration of proparer (other than officer) is based on all information of w	hich prepai	rer has any knowledge					
		L. W.							
		Signature of officer		Date 8	/ 1 / 1				
		ROY KEISTER, PRESIDENT		ชท	AY 190				
		Type or print name and title			 				
394		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
ر.	Ĺ	ROBERT I. WATKINS, CPA		11/2/10 1	D01307074				
	parer			self-employ					
-				Firm's EIN	59-2645714				
USB	Only	Firm's address 610 S. BOULEVARD			2 254 2262				
	TAMPA, FL 33606 Phone no.813-254-3369								
		S discuss this return with the preparer shown above? (see instructions)			X Yes No				
7320	01 11-2	8-17 LHA For Paperwork Reduction Act Notice, see the separate instructi	ons.		Form 990 (2017)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	n 990 (2017) FACCM, INC.	65-0079688 Page 2
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Bnefly describe the organization's mission	
	TO PROMOTE HIGH STANDARDS OF EARLY CHILD CARE AND EDUC	
	ADVOCACY, PROFESSIONAL DEVELOPMENT, AND ACCREDITATION	ENSURING THE
	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	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	s? Yes X 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 measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	thers, the total expenses, and
	revenue, if any, for each program service reported	
4a		venue \$)
		THE LEADING
	PROFESSIONAL ORGANIZATION FOR EARLY LEARNING EDUCATORS	
	PRESCHOOLS. SEEDS GIVES TEACHERS IN SCHOOLS THE OPPOR	
	PARTICIPATE IN AN ORGANIZATION DESIGNED TO MEET THEIR	
	THEM WITH INFORMATION AND OPPORTUNITIES TO INCREASE TH	EIR SKILL AND
	EFFECTIVENESS IN THE CLASSROOM.	
	ACCREDITED PROFESSIONAL PRESCHOOL LEARNING ENVIRONMENT	
		VER 800
	ACCREDITED PROGRAMS AND MANY MORE ENGAGED IN THE PROCE	SS, APPLE IS
	ACCEPTED INTO THE GOLD SEAL OF QUALITY PROGRAM.	
4b	(Code) (Expenses \$) (Re-	venue \$)
4c	(Code) (Expenses \$ including grants of \$) (Rev	venue \$)
	 	
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$	<u> </u>
<u>4e</u>	Total program service expenses	



Form 990 (2017) FACCM, INC.

Part IV Checklist of Required Schedules

			Yes	No
	is the experience described in section EQ4(a)(2) or 4Q47(a)(4) (attendance a private foundation)(2)		162	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		х
2		2		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?			
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	х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	х	
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 I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X		, ,	
	as applicable		•	,
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	<u> </u>	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			**
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
ū	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	44.4		Х
_		11d	Х	
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1 11		
	Schedule D, Parts XI and XII	12a		х
ь	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		Х
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<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			_
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<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		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		Ì	v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19_	000 (X 2017)

Form 990 (2017) FACCM, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? 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			
	Schedule J	23	X	
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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	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	l		
	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	051		
26	Schedule L, Part I	25b		
20	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		X
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			v
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
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).			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
^^	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		$\frac{x}{x}$
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		<u>~</u>
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990 (2017)

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

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

X

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13b

13c

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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

	to line ba, ab, or rob below, describe the directinateless, processes, or an agree in describe the directinateless.			X
	Check if Schedule O contains a response or note to any line in this Part VI			
<u>Sec</u>	tion A. Governing Body and Management			
	1 1 44		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14			
	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 0			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
70	more members of the governing body?	7a		х
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
U	persons other than the governing body?	7b		х
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			 -
8		8a	х	
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	OD		
9	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	9		Λ
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		_
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		37
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
ь	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		
Sec	tion C. Disclosure	100		
		-		
17	List the states that which a sopy of the Form sos is required to be lines.	wailah		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vallat	,, C	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website W Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ı tınan	cial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			· -·
	ROBERT I. WATKINS - 813-254-3369			
	610 S. BOULEVARD, TAMPA, FL 33606			

•		
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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

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

(A) Name and Title	(B) Average hours per week	box	unles	ss pe	rtion more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
,	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) HOWARD ROSS DIRECTOR	5.00	х						0.	0.	0.
(2) DANIEL OSBORNE	5.00	 	-		-	\vdash	-		<u> </u>	
LEGISLATIVE CHAIR	3.00	х						o .	0.	0.
(3) DOUGLAS MILLARD	5.00									
SECRETARY		Х		Х				0.	0.	0.
(4) ARLENE MILLER	5.00									
DIRECTOR		Х						0.	0.	0.
(5) TRIPP CROUCH	5.00				ŀ					_
APPLE CHAIR		Х			<u> </u>		_	0.	0.	0.
(6) ERIK FRESEN	5.00								_	
DIRECTOR		Х	Щ		<u> </u>	<u> </u>		0.	0.	0.
(7) ROY KEISTER	5.00	۱,,		7.				0.	0.	0.
PRESIDENT	5.00	X	<u> </u>	Х	<u> </u>	┢	-	U •	0.	<u> </u>
(8) RICARDO CAMPO TREASURER	3.00	x		х	i			0.	0.	0.
(9) TERRIE ELLIS	5.00	<u> </u>		^	-	\vdash	-	0.	0.	- 0.
VP/SARGEANT AT ARMS	3.00	x		Х	1		1	0.	0.	0.
(10) JULIA MUSELLA	5.00	 ^`	\vdash		-	├─	_			
MEMBERSHIP CHAIR		x						0.	0.	0.
(11) MARVIN LEVIN	5.00	Ħ			\vdash	t	\vdash			
DIRECTOR		х			l			0.	0.	0.
(12) CYNTHIA LEHNHOFF	5.00					Π		-		
DIRECTOR		X						0.	0.	0.
(13) MELISSA A WHITE	5.00									
DIRECTOR		Х						0.	0.	0.
(14) BARBARA WEINSTEIN	5.00							_	_	
DIRECTOR		Х		_				0.	0.	0.
(15) ELLYN BOGDANOFF	40.00							455.000		_
EXECUTIVE DIRECTOR			Н	X		\vdash		156,000.		0.
						T				

Form 990 (2017) FACCM,									<u>65-0</u>	079	688	Р	age 8
Part VII Section A. Officers, Directors, Ti		ploy	ees			ghe	st (т-		_
hours per box, unless person is both an compensation compensa									(E) Reportable compensate from relate	on	(F) stimate nount other	of	
(list any hours for related organizations below line) line) Week (list any hours for related organizations below line)									f org an	ipensa rom th janizat d relat anizati	e tion ted		
		_		_	_				-				
		 	_										
		_	_										
						<u> </u>							
											_		
1b Sub-total c Total from continuation sheets to Part	VII. Section A	L					<u> </u>	156,000.		0.			0.
d Total (add lines 1b and 1c)			14-				<u> </u>	156,000.	000 - 6 1 -	0.			0.
Total number of individuals (including bu compensation from the organization	t not innited to tr	1080	liste	eo ai		e) wr	10 r	eceived more than \$100	,,000 of reportati			Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J fo			e, ke	y en	nplo	yee,	or.	highest compensated e	mployee on		3	100	х
4 For any individual listed on line 1a, is the and related organizations greater than \$									the organization		4	х	
5 Did any person listed on line 1a receive of rendered to the organization? If "Yes," co							elat	ted organization or indivi	dual for services	3	5	Х	
Section B. Independent Contractors													
 Complete this table for your five highest the organization. Report compensation for 										npens	ation	from	
(A) Name and busine								(B) Description of s	ervices	С	(Compe	-	n
ENTERPRISE BUSINESS STRATEGIES, INC., 908 OFFICER S. ANDREWS AVENUE, FORT LAUDERDALE, FL COMPENSATION/EXPENSE								156,00		00.			
				_			_						
							\dashv	<u> </u>			<u>.</u>		
Total number of independent contractors \$100,000 of compensation from the organization.		ot Iır	nited	d to	thos	se lis	ted	d above) who received m	ore than				
									. 				

		Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a					
ra Dun	ь		1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	· .	1c					:
ar /		Related organizations	1d					
S,C		Government grants (contribut	—					
ion		All other contributions, gifts, gran	· · · · · · · · · · · · · · · · · · ·					1
the th		similar amounts not included abo						
ĢĒ	g		ــــــــــــــــــــــــــــــــــــــ					
a Co	_	Total. Add lines 1a-1f		<u> </u>				
				Business Code				
ĕ	2 a	APPLE ACCREDITA	MOITA	611710	288,550.	288,550.		1
ه <u>ځ</u>	b	FACCM ANNUAL ME	EMBERSHI	611710	258,610.	258,610.		
S	c	VERIFICATION	,	611710	219,975.	219,975.		
eve	d	SEEDS ANNUAL ME	EMBERSHI	611710	33,480.	33,480.		
Program Service Revenue	е	,						
4	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f			800,615.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶	623.			623.
	4	Income from investment of ta	x-exempt bond p	proceeds 🕨	•			
	5	Royalties		>	·			
			(i) Real	(II) Personal				
	6 a	Gross rents						
	b	Less rental expenses]		
	С	Rental income or (loss)						
	d	Net rental income or (loss)		▶				<u> </u>
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
	C	Gain or (loss)		L				
	d	l Net gain or (loss)		•				
e l	8 a	Gross income from fundraisin	g events (not					
en		including \$	of					
Revenue		contributions reported on line	1c) See					
누		Part IV, line 18	а					
t d		Less direct expenses	b					
		Net income or (loss) from fund	-	>				<u> </u>
	9 a	Gross income from gaming ac	tivities See					
		Part IV, line 19	а					
		Less direct expenses	b					
- 1		Net income or (loss) from gam	•					
	10 a	Gross sales of inventory, less	retums					
		and allowances	а					
		Less: cost of goods sold	b	L				
ŀ	С	Net income or (loss) from sale		<u> </u>				
}		Miscellaneous Revenu	e	Business Code	E0 030			F0 000
1		CORE REVENUE	TENTITE	611710	50,238.			50,238.
	b		FUUE	611710	13,457.		· · · · - · · · · · · · · · · · · · · ·	13,457.
	C							
	d			611710	29.			29.
J		Total. Add lines 11a-11d		P	63,724.	000 615		- CA 347
	12	Total revenue. See instructions		<u> </u>	864,962.	800,615.	0	
732009	11-28	3-17						Form 990 (2017)

Form 990 (2017) FACCM, INC.
Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX Do not michide amounts reported on lines 6b, Total expenses Program service expenses and domestic governments. See Part IV, line 21 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign organizations, foreign governments, and foreign individuals. See Part IV, line 16 and 16 Benefits pact to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of included above, to disqualified persons (as defined under section 4958(c)(3)(B) Other salaries and wages Perison plan accruals and contributions (include section 401) (R) and 403(b) employer contributions) Other employee benefits Payroll taxes 10 Payroll taxes 11 Fees for services (non-employees): a Management b Logal c Accounting	
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20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 1 0 4 0	
21 Payments to affiliates 22 Depreciation, depletion, and amortization 31 040	
22 Depreciation, depletion, and amortization 498.	
21 040	
23 Insurance 21, 949 i	
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.)	
a APPLE ACCREDITATION 87,073.	
b BANK FEES 16,330.	
c DUES & SUBSCRIPTIONS 14,485.	
d COMPUTER & INTERNET EXP 10,105.	
e All other expenses 23,002.	
25 Total functional expenses. Add lines 1 through 24e 819, 239.	
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 In If following SOP 98-2 (ASC 958-720)	

552,450. Form 990 (2017)

549,159.

30

31

32

33

503,436.

506,603.

32

33

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

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

Retained earnings, endowment, accumulated income, or other funds

Form	990 (2017) FACCM, INC.	65-00	<u> </u>	Pag	<u>e 12</u>
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	864		
2	Total expenses (must equal Part IX, column (A), line 25)	2	819		
3	Revenue less expenses Subtract line 2 from line 1	3		7.7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	503	, 4:	36.
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	549	,15	<u> 59.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	· O		.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			1	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	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	edule O			
3а	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>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form \$	9 90 (2	2017)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

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

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

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

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

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

	Section 501(c)(4), (5), or (6) organiza	tions Complete Part III			
Nan	ne of organization			Em	ployer identification number
	FACCM,	INC	-3 -2*-7		65-0079688
Pá	art I-A Complete if the org	ganization is exempt und	der section 501(c	or is a section 527	organization.
1	Provide a description of the organization	zation's direct and indirect politic	cal campaign activities	ın Part IV	
2	Political campaign activity expendi	tures		>	\$ 25,000.
3	Volunteer hours for political campa	ign activities			
Pa	art I-B Complete if the org	ganization is exempt und	der section 501(c))(3).	
1	Enter the amount of any excise tax	incurred by the organization un-	der section 4955	>	\$
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 495	5 ▶	\$
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes No
48	Was a correction made?				Yes No
	If "Yes," describe in Part IV				
Pa	art I-C Complete if the org	ganization is exempt und	der section 501(c)	, except section 50	I(c)(3).
1	Enter the amount directly expende	d by the filing organization for se	ection 527 exempt fund	ction activities	\$
2	Enter the amount of the filing organ	nization's funds contributed to of	ther organizations for s	section 527	
	exempt function activities			>	\$
3	Total exempt function expenditures	Add lines 1 and 2 Enter here a	and on Form 1120-POL	-,	
	line 17b			>	\$
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and er	nployer identification number (El	IN) of all section 527 p	olitical organizations to wh	ich the filing organization
	made payments For each organiza	ition listed, enter the amount pai	d from the filing organi	zation's funds. Also enter	the amount of political
	contributions received that were pr				rate segregated fund or a
	political action committee (PAC) If	additional space is needed, prov	vide information in Parl	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-
					Í
			<u> </u>		
				1	
	· 	·			
				 	
				1	
				 	

Schedule C (Form 990 or 990-EZ) 2017	FACCM	, INC.			65-	0079688 Page 2
Part II-A Complete if the org	ganizati	on is exe	mpt under section	on 501(c)(3) and fil	ed Form 5768 (election under
section 501(h)).						
A Check If the filing organiza	ition belon	gs to an aff	iliated group (and list i	n Part IV each affiliated	group member's na	me, address, EIN,
expenses, and sha	re of exce	ss lobbying	expenditures)			
B Check ▶ if the filing organiza	ition chec	ked box A a	nd "limited control" pr	ovisions apply.		
l imi	ts on Lob	bying Expe	nditures		(a) Filing	(b) Affiliated group
			unts paid or incurred.	.)	organization's totals	totals
1a Total lobbying expenditures to infli	uence nut	olic opinion	(grass roots lobbying)			
b Total lobbying expenditures to infli	•	•				
c Total lobbying expenditures (add li		-	ay (direct lobbying)			
d Other exempt purpose expenditure		id 10)				
e Total exempt purpose expenditure		es 1c and 1	d)	•		
f Lobbying nontaxable amount. Enter	•		•	th columns	·	
If the amount on line 1e, column (a) of			bying nontaxable am			
Not over \$500,000	J. (5) 15.		the amount on line 1e			
Over \$500,000 but not over \$1,000	0.000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,			00 plus 5% of the exce			
Over \$17,000,000	,000,000	\$1,000,		233 OVEI \$1,300,000		
3.01 4.77,000,000		<u>ψ1,000,</u>				
g Grassroots nontaxable amount (er	nter 25% o	of line 1f)				
h Subtract line 1g from line 1a If zer		•				
Subtract line 1f from line 1c If zero						
j If there is an amount other than ze	· ·		line 1. did the organiz	ation file Form 4720		_
reporting section 4911 tax for this		- .	, -: . ..			Yes No
	7	4-Year Av	eraging Period Under	section 501(h)		
(Some organizations the	hat made			, ,	of the five columns	below.
	Se	e the separ	ate instructions for li	nes 2a through 2f.)		
	Lob	bying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year	(a)	2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
(or fiscal year beginning in)	,-,		(, , =	.,	\-, · ·	(1, -11)
				 		
2a Lobbying nontaxable amount				<u> </u>		
b Lobbying ceiling amount						
(150% of line 2a, column(e))				i		
c Total lobbying expenditures						
-						
d Grassroots nontaxable amount	<u> </u>					
e Grassroots ceiling amount			ļ	Į Į		
(150% of line 2d, column (e))						
f Grassroots Johnving expenditures						ļ

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 FACCM, INC. Part II-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 on 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	1			
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?				
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?				
Part III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c)	(5), or se	ection	
	<u> </u>		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from	the prior vea	7 3		X
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members	i "No," Ol	R (b) Par		ie 3, is
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures) 	ı a a l	'	200	,010.
expenses for which the section 527(f) tax was paid).	icai			
		ا م	63	,000.
a Current year b Carryover from last year		2a 2b		, 000.
c Total		20 2c	63	,000.
		3		,514.
 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3. 		-3-		, , , , , , , ,
•				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?	political	4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5	<27	,514.
Part IV Supplemental Information		5		, , , , , ,
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)	n light): Dort II	A lines 1 /	nd 2 (222	
nstructions); and Part II-B, line 1. Also, complete this part for any additional information	p iist), Fart ii	-A, IIIIes T	ino z (see	
PART I-A, LINE 1:				
POLITICAL CONTRIBUTIONS TO THE FOLLOWING ENTITIES:				
-FLORIDA'S VOICE FOR EARLY LEARNING				

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FACCM

Employer identification number 65-0079688

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir			
		(a) Donor advised funds	(b) Fui	nds and other accounts
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 at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a	-	used only	
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?		· · · · · · · · · · · · · · · · · ·	Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art IV, line 7	
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically impo	rtant land area
	Protection of natural habitat	Preservation of a certi		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	of a conserv	ation easement on the last
	day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c	
	Number of conservation easements included in (c) acquired		re	
	listed in the National Register		2d	i
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organizatio	n during the tax
	year ▶	-	_	•
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements in	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation eas	sements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conservat	ion easeme	nts during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(ı)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement,	and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	he organıza	tion's accounting for
_	conservation easements			
Pai	t III Organizations Maintaining Collections o		her Simi	lar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtheran	ice of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	lic service,	provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		>	\$
	(II) Assets included in Form 990, Part X		•	\$ \$
2	If the organization received or held works of art, historical treating	asures, or other similar assets for financial	gain, provid	le .
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items		
а	Revenue included on Form 990, Part VIII, line 1		>	\$
b	Assets included in Form 990, Part X		•	\$

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3	Using the organization's acquisition, access	ion, and other record	us, cneci	k any of the	iollowing that	ı are a sı	grinicant	use of its	collection	nems
_	(check all that apply)	_	. \Box		h					
a	Public exhibition	(hange progra	ams				
Ь	Scholarly research	•	• [_]	Other					·	
C	Preservation for future generations		(41	6 4 4	h	1		IDOM	VIII	
4	Provide a description of the organization's c	•		•	•			ose in Par	LAIII	
5	During the year, did the organization solicit of				· •	er sımılar	assets		7 v	
Dai	to be sold to raise funds rather than to be m					1)/	C 00/	<u> </u>	Yes	No_
Га	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete ir the	e organizatio	n answered	Yes on	ronn 990	J, Part IV,	iine 9, or	
12	Is the organization an agent, trustee, custod		diant for	contribution	as or other as	sots not	ıncluded			
Ia	on Form 990, Part X?	nan or other interme	ulary loi	CONTINUUTION	is or other as	sets not	II ICIDGEG	Γ	Yes	□ No
h	If "Yes," explain the arrangement in Part XIII	and complete the fe	lloung	table					1 163	110
b	ii res, explain the arrangement in Part XIII	and complete the it	ollowing	lable					Amount	
_	Regimens belones						10		Amount	
	Beginning balance Additions during the year						1c 1d			
u	Distributions during the year						1e			
f							1f			
	Ending balance Did the organization include an amount on F	orm 990 Part V line	21 for	accrow or ci	ustodial acco	unt habil	<u> </u>		Yes	□ No
	If "Yes," explain the arrangement in Part XIII						ity ·		_ 105	— "
_	t V Endowment Funds. Complete						10			 -
		(a) Current year		nor year	(c) Two year			ears back	(e) Four v	ears back
1a	Beginning of year balance	(a) sansin year	1-1-1	700	197	1	(-)		(-)	
ь	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships		<u> </u>			····				
e	Other expenditures for facilities									
•	and programs									
f	Administrative expenses									
g	End of year balance	·				1				
2										
	a Board designated or quasi-endowment ▶ %									
ь	Permanent endowment ▶	%								
С	c Temporarily restricted endowment ▶%									
	The percentages on lines 2a, 2b, and 2c should equal 100%									
За	3a Are there endowment funds not in the possession of the organization that are held and administered for the organization									
	by: Yes No									
	(i) unrelated organizations								3a(ı)	
	(II) related organizations								3a(ıi)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the	e organization's ende	owment	funds						
Pai	t VI Land, Buildings, and Equipn	nent.								
	Complete if the organization answere	d "Yes" on Form 99	0, Part I\	/, line 11a S	See Form 990	, Part X,	line 10_			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	cumulate	ed	(d) Book	value
		basis (investi	ment)	basis	(other)	dep	reciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment				2,491.		4	98.	1	,993.
е	Other									
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990. Part	X. colun	nn (B), line 1	(Oc.)				1	<u>,993.</u>

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 FACCM, INC. Part VII Investments - Other Securities.			65-0079688 Page
Complete if the organization answered "Yes" of	n Form 990. Part IV. I	ine 11b. See Form 990. Part X. line	e 12
(a) Description of security or category (including name of security)	(b) Book value		Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)	· - · · ·		· · · · · · · · · · · · · · · · · · ·
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or			
(a) Description of investment	(b) Book value	(c) Method of valuation C	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			· · · · · · · · · · · · · · · · · · ·
Part IX Other Assets.	5 000 D 1 N 1	4410 5 000 5 171	
Complete if the organization answered "Yes" o	n Form 990, Part IV, I escription	ine 11d. See Form 990, Part X, line	(b) Book value
	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)		· · · · · · · · · · · · · · · · · · ·	
(8)	 		
Total. (Column (b) must equal Form 990, Part X, col (B) line	15.)	 	
Part X Other Liabilities.	10)		
Complete if the organization answered "Yes" o	n Form 990 Part IV I	ine 11e or 11f See Form 990 Pari	X line 25
(a) Description of liability	11.0	(b) Book value	
(1) Federal income taxes			
(2) HEALTH INSURANCE PAYABLE		840.	
(3) PAYROLL TAXES PAYABLE		286.	
(4) MEMBER POLITICAL CONTRIBUT	TONS	2,165.	
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	25.1	3,291.	
2. Liability for uncertain tax positions. In Part XIII, provide t			

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

Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017 FACCM, INC.		65-00 <u>79688</u> Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta		nue per Return.
	Complete if the organization answered "Yes" on 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	1 1	
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1.1	
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 Da	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
Га	t XII Reconciliation of Expenses per Audited Financial St		enses per Return.
4	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e ı∠a	1.1
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	ا م ا	
a	Donated services and use of facilities	2a	
ь	Prior year adjustments	2b	
С.	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		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	
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3)	5
	t XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide ar		Fait V, 11110 4, Fait A, 11110 2, Fait Ai,
			
—			
	· · · · · · · · · · · · · · · · · · ·		
		·	
			-
			
			

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

2017
OMB No 1545-0047
Open to Public

Inspection

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

Schedule I (Form 990) (2017) % × Employer identification number 65-0079688 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" on 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 noncash assistance (f) Method of valuation (book, FMV, appraisal, ö (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 (d) Amount of 25,000, cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section 3 Enter total number of other organizations are the Instructions for Form 990.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (if applicable) 46-4790398 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? FLORIDA'S VOICE FOR EARLY LEARNING 1 (a) Name and address of organization FACCM, or government Name of the organization 610 S. BOULEVARD TAMPA, FL 33606 Part

65-0079688 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed FACCM, INC.

Schedule I (Form 990) (2017)

Part III

Page 2

Schedule 1 (Form 990) (2017) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 732102 11-01-17

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.

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

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FACCM, INC.

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

Part I | Questions Regarding Compensation

Employer identification number 65-0079688

Schedule J (Form 990) 2017

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	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	1		
	Discretionary spending account Personal services (such as, 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 on line 1a?	2	<u> </u>	
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 Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on 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		X
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 on 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		
þ	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III		l i	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a		
þ	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III		ŀ	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	-	ľ	
	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ı	{	
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

Schedule J (Form 990) 2017 FACCM, INC.

Part II 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 on 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 aren't listed on Form 990, Part VII

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	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(a)-(a)(a)	in column (b) reported as deferred on prior Form 990
(1) ELLYN BOGDANOFF	€	156,000.	0	0	0	0	156,000.	0
EXECUTIVE DIRECTOR	(11)	0	0	0.	0		0	0
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	(ii)							
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SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

FACCM, INC.	65-0079688
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
DEVELOPMENT, AND ACCREDITATION ENSURING THE CONTINUED SUC	CESS OF THE
PRIVATE CHILD CARE INDUSTRY.	
FORM 990, PART VI, SECTION B, LINE 11B:	
NO REVIEW WAS OR WILL BE CONDUCTED	
FORM 990, PART VI, SECTION B, LINE 12C:	
BOARD MEMBERS SHALL DISCLOSE ANY BUSINESS RELATIONSHIP WI	TH OTHER BOARD
MEMBERS AND/OR STAFF, AND SHALL DISCLOSE ANY POTENTIAL OR	ACTUAL CONFLICTS
OF INTEREST. THE AUTHORITY TO DETERMINE CONFLICT OF INTE	REST SHALL REST
WITH THE BOARD. GENERALLY, NO BOARD MEMBER MAY FINANCIAL	LY 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 BO.	ARD PRIOR TO THE
TRANSACTION.	
FORM 990, PART VI, SECTION B, LINE 15A:	
EXECUTIVE COMMITTEE REVIEWS EXECUTIVE DIRECTOR'S SALARY A	NNUALLY AND
COMPLETES A BOARD OF DIRECTOR ANALYSIS, DOCUMENTED WITH W	RITTEN 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.