

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2017 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **FAMILY AND CHILDREN FAITH COALITION INC**
 Doing business as **HOPE FOR MIAMI**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
550 NW 42ND AVE **4th Floor**
 City or town State ZIP code
Miami FL 33126
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number
65-1003163

E Telephone number
(786) 388-3000

G Gross receipts \$ **3,728,735**

F Name and address of principal officer:
CHARLES SAWYER 550 NW 42 ND AVE, MIAMI, FL 33126

H(a) Is this a group return for subordinates? Yes No
 H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.HOPEFORMIAMI.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **2000** **M** State of legal domicile: **FL**

H(c) Group exemption number ▶

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: AFTERSCHOOL AND SUMMER CAMP PROGRAMS PREVENTION OF HIGH-RISK BEHAVIOUR IN YOUTH (TEEN PREGNANCY, STI'S AND SUBSTANCE USE) AND OTHER COMMUNITY PARTNERSHIP PROGRAMS TO BENEFIT CHILDREN AND FAMILIES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	118
	6 Total number of volunteers (estimate if necessary)	6	111
	7a 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	
Revenue	8 Contributions and grants (Part VIII, line 1h)	3,677,319	3,274,850
	9 Program service revenue (Part VIII, line 2g)	297,243	452,975
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	910
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,974,562	3,728,735
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,336,739	2,183,641
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,591,157	1,537,113
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,927,896	3,720,754
19 Revenue less expenses. Subtract line 18 from line 12	46,666	7,981	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	614,231	638,774
	21 Total liabilities (Part X, line 26)	279,850	296,412
	22 Net assets or fund balances. Subtract line 21 from line 20	334,381	342,362

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: *Charles F Sawyer Jr* Date: **8-9-18**
 Type or print name and title: **Charles F Sawyer, Jr CEO**

Paid Preparer Use Only

Print/Type preparer's name: **JOSE THOMAS** Preparer's signature: **JOSE THOMAS** Date: **8/2/2018** Check if self-employed PTIN: **P01203673**

Firm's name ▶ **THOMAS & COMPANY CPA PA** Firm's EIN ▶ **75-3125446**

Firm's address ▶ **9710 STIRLING ROAD, STE 101, COOPER CITY, FL 33024** Phone no. **(954) 435-7272**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part 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: FCFC (HOPE FOR MIAMI) NURTURES CHILDREN AND YOUTH THROUGH EFFECTIVE PROGRAMS TO HELP THEM BUILD POSITIVE, HEALTHY FUTURES. FCFC ALSO SEEK TO STRENGTHEN ORGANIZATIONS BY CONNECTING THEM TO USEFUL INFORMATION, RESOURCES, TRAINING AND RELATIONSHIPS SO THAT OUR COMMUNITIES FLOURISH.

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 services? [] 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 others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,444,305 including grants of \$) (Revenue \$) OUT OF SCHOOL PROGRAM- FCFC PROVIDED AFTERSCHOOL AND SUMMER CAMP PROGRAMS FOR CHILDREN (GRADES K-5) AND YOUTH (GRADES 6-12) IN MULTIPLE SITE LOCATIONS. THESE PROGRAMS SERVED 1,827 CHILDREN WITH ACTIVITIES INCLUDING LITERACY, PHYSICAL FITNESS, HOMEWORK HELP AND SOCIAL-EMOTIONAL LEARNING. ALL PROGRAM SITES INCLUDED CHILDREN WITH DISABILITIES OR SPECIAL NEEDS.

4b (Code:) (Expenses \$ 918,312 including grants of \$) (Revenue \$) PREVENTION PROGRAM- YOUTH IN GRADE 4 AND HIGHER RECEIVED PREVENTION EDUCATION TO REDUCE RISKY BEHAVIORS SUCH AS SUBSTANCE USE OR TEEN PREGNANCY. THIS EDUCATION WAS PROVIDED IN-SCHOOL AND AFTERSCHOOL IN COLLABORATION WITH PUBLIC AND PRIVATE SCHOOLS AND OTHER YOUTH CENTERS AND SERVED 3,477 YOUTH

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 3,362,617

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0		0	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	2,183,641	2,067,179	116,462	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
a	Management	325,196	145,275	179,921	
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0		0	
12	Advertising and promotion	0			
13	Office expenses	47,399	42,824	4,575	
14	Information technology	564		564	
15	Royalties	0			
16	Occupancy	551,439	547,566	3,873	
17	Travel	391,965	389,190	2,775	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	16,993	12,238	4,755	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	35,212	2,273	32,939	
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	FOOD EXPENSES	10,760	9,545	1,215	
b	BANK CHARGES	11,058		11,058	
c	PROGRAM SUPPLIES	100,673	100,673	0	
d	EQUIPMENT	2,058	2,058	0	
e	All other expenses FIELD TRIPS BACKGROUND SC	43,796	43,796		
25	Total functional expenses. Add lines 1 through 24e	3,720,754	3,362,617	358,137	0
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	12,074	1	94,623
	2 Savings and temporary cash investments	0	2	
	3 Pledges and grants receivable, net	602,157	3	529,470
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	
	9 Prepaid expenses and deferred charges	0	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 0		
	b Less: accumulated depreciation	10b 0	10c	0
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	14,681
16 Total assets. Add lines 1 through 15 (must equal line 34)	614,231	16	638,774	
Liabilities	17 Accounts payable and accrued expenses	80,163	17	96,700
	18 Grants payable	0	18	
	19 Deferred revenue	0	19	
	20 Tax-exempt bond liabilities	0	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	199,687	25	199,712
	26 Total liabilities. Add lines 17 through 25	279,850	26	296,412
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	334,381	27	342,362
	28 Temporarily restricted net assets	0	28	
	29 Permanently restricted net assets	0	29	
	Organizations that do not follow SFAS 117 (ASC958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	31	
	32 Retained earnings, endowment, accumulated income, or other funds	0	32	
33 Total net assets or fund balances	334,381	33	342,362	
34 Total liabilities and net assets/fund balances	614,231	34	638,774	

Part 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	3,728,735
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,720,754
3	Revenue less expenses. Subtract line 2 from line 1	3	7,981
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	334,381
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	342,362

Part XII 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	