

Form **990**

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

OMB No. 1545-0047

2014

Open to Public Inspection

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.

A For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE AGRICULTURAL AND LABOR PROGRAM, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 3126 City or town, state or province, country, and ZIP or foreign postal code WINTER HAVEN, FL 33885 F Name and address of principal officer: DELORIS JOHNSON SAME AS C ABOVE	D Employer identification number 59-1634148 E Telephone number 863-956-3491 G Gross receipts \$ 15,288,984. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.ALPI.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1976 M State of legal domicile: FL

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO PROVIDE ASSISTANCE TO MIGRANT & SEASONAL FARM WORKERS, THE RURAL POOR, & DISENFRANCHISED PERSONS.	
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
4	Number of independent voting members of the governing body (Part VI, line 1b)	4
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5
6	Total number of volunteers (estimate if necessary)	6
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
7b	Net unrelated business taxable income from Form 990-T, line 34	7b
8	Contributions and grants (Part VIII, line 1h)	15,651,240.
9	Program service revenue (Part VIII, line 2g)	29,184.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-33,261.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	40,606.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,687,769.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,505,696.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,501,317.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,095,966.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,102,979.
19	Revenue less expenses. Subtract line 18 from line 12	-415,210.
20	Total assets (Part X, line 16)	2,980,490.
21	Total liabilities (Part X, line 26)	927,243.
22	Net assets or fund balances. Subtract line 21 from line 20	2,053,247.

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 DELORIS JOHNSON, CHIEF EXECUTIVE OFFICER Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name THERESA A. BURDINE, CPA	Preparer's signature Date
	Firm's name ▶ RSM US LLP	Check <input type="checkbox"/> if self-employed PTIN P00362629
	Firm's address ▶ 7351 OFFICE PARK PL MELBOURNE, FL 32940	Firm's EIN ▶ 42-0714325
		Phone no. 321-751-6200

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