

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	THE AGRICULTURAL AND LABOR PROGRAM, INC.	59-1634148
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	P.O. BOX 3126	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	WINTER HAVEN, FL 33880	

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.


- The books are in the care of **MS. NORRIS ANN ROLAND**
Telephone No. **863-330-3491** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **MAY 15, 2008**
- 5 For calendar year _____, or other tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO ACCURATELY PREPARE THE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPA** Date **2/11/08****Notice to Applicant. (To Be Completed by the IRS)**

- ☐ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	RSM MCGLADREY, INC.
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	800 N. MAGNOLIA AVENUE, SUITE 1700
	City or town, province or state, and country (including postal or ZIP code)
	ORLANDO, FL 32803

623832
05-01-07

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

OMB No. 1545-0047

2006Open to Public
Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2006 calendar year, or tax year beginning **JUL 1, 2006** and ending **JUN 30, 2007****B** Check if
applicable:

- ☐ Address
change
☐ Name
change
☐ Initial
return
☐ Final
return
☐ Amended
return
☐ Application
pending

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.**C** Name of organization**THE AGRICULTURAL AND LABOR PROGRAM, INC.**

Number and street (or P.O. box if mail is not delivered to street address)

P.O. BOX 3126

Room/suite

City or town, state or country, and ZIP + 4

WINTER HAVEN, FL 33880**D** Employer identification number**59-1634148****E** Telephone number**863-956-3491****F** Accounting method:☐ Cash ☒ Accrual
☐ Other
(specify) ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ).**G** Website: **WWW.ALPI.ORG****J** Organization type (check only one) ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross
receipts are normally not more than \$25,000. A return is not required, but if the organization
chooses to file a return, be sure to file a complete return.

Hand I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an or-
ganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **8,792,610.****M** Check ☐ if the organization is not required to attach
Sch. B (Form 990, 990-EZ, or 990-PF).**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

1 Contributions, gifts, grants, and similar amounts received:			
a Contributions to donor advised funds		1a	
b Direct public support (not included on line 1a)		1b	25,833.
c Indirect public support (not included on line 1a)		1c	28,600.
d Government contributions (grants) (not included on line 1a)		1d	8,647,239.
e Total (add lines 1a through 1d) (cash \$ 8,701,672. noncash \$)		1e	8,701,672.
2 Program service revenue including government fees and contracts (from Part VII, line 93)		2	37,421.
3 Membership dues and assessments		3	
4 Interest on savings and temporary cash investments		4	2,419.
5 Dividends and interest from securities		5	
6 a Gross rents		6a	
b Less: rental expenses		6b	
c Net rental income or (loss). Subtract line 6b from line 6a		6c	
7 Other investment income (describe ▶)		7	
8 a Gross amount from sales of assets other than inventory		(A) Securities	(B) Other
b Less: cost or other basis and sales expenses		8a	
c Gain or (loss) (attach schedule)		8b	7,751.
d Net gain or (loss). Combine line 8c, columns (A) and (B)		8c	<7,751.>
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		STMT 1	8d
a Gross revenue (not including \$ of contributions reported on line 1b)		9a	
b Less: direct expenses other than fundraising expenses		9b	
c Net income or (loss) from special events. Subtract line 9b from line 9a		9c	
10 a Gross sales of inventory, less returns and allowances		10a	
b Less: cost of goods sold		10b	
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		10c	
11 Other revenue (from Part VII, line 103)		11	51,098.
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	8,784,859.
13 Program services (from line 44, column (B))		13	8,077,415.
14 Management and general (from line 44, column (C))		14	996,597.
15 Fundraising (from line 44, column (D))		15	
16 Payments to affiliates (attach schedule)		16	
17 Total expenses. Add lines 16 and 44, column (A)		17	9,074,012.
18 Excess or (deficit) for the year. Subtract line 17 from line 12		18	<289,153.>
19 Net assets or fund balances at beginning of year (from line 73, column (A))		19	2,906,609.
20 Other changes in net assets or fund balances (attach explanation)		20	0.
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21	2,617,456.

523001
01-18-07

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2006)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> •) If this amount includes foreign grants, check here <input type="checkbox"/> 22a				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> •) If this amount includes foreign grants, check here <input type="checkbox"/> 22b				
23 Specific assistance to individuals (attach schedule) 23				
24 Benefits paid to or for members (attach schedule) 24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 3 25a	201,700.	201,700.	0.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B 25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c				
26 Salaries and wages of employees not included on lines 25a, b, and c 26	3,610,386.	3,191,963.	418,423.	
27 Pension plan contributions not included on lines 25a, b, and c 27				
28 Employee benefits not included on lines 25a - 27 28	852,678.	757,714.	94,964.	
29 Payroll taxes 29				
30 Professional fundraising fees 30				
31 Accounting fees 31				
32 Legal fees 32				
33 Supplies 33	323,844.	285,515.	38,329.	
34 Telephone 34	83,516.	70,471.	13,045.	
35 Postage and shipping 35	20,471.	12,526.	7,945.	
36 Occupancy 36	145,860.	145,860.		
37 Equipment rental and maintenance 37	95,979.	68,030.	27,949.	
38 Printing and publications 38	13,245.	9,033.	4,212.	
39 Travel 39	82,506.	50,479.	32,027.	
40 Conferences, conventions, and meetings 40				
41 Interest 41	11,475.		11,475.	
42 Depreciation, depletion, etc. (attach schedule) 42	367,866.	252,755.	115,111.	
43 Other expenses not covered above (itemize): a 43a b 43b c 43c d 43d e 43e f 43f g SEE STATEMENT 2 43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44	9,074,012.	8,077,415.	996,597.	0.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A ;

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► **SEE STATEMENT 4**

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

a FOOD AND CHILD CARE CENTER ACTIVITIES PROVIDED BY CONTRACT FROM STATE OF FLORIDA DEPT OF HEALTH AND REHABILITATIVE SERVICES. EST. ACTIVITY - 829 CHILDREN FOR FOOD & CHILD CARE ACTIVITIES.

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

1,018,946.

b EMERGENCY ASSISTANCE PROGRAMS INCLUDING ENERGY, USDA RURAL DEVELOPMENT, AND FARM WORKER PROGRAMS UNDER CONTRACT FROM THE STATE OF FLORIDA DEPARTMENT OF EDUCATION. ESTIMATED ACTIVITY - 4,855 CLIENTS SERVED.

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

1,950,058.

c PRESCHOOL TRAINING OF CHILDREN UNDER THE HEAD START PROGRAM CONTRACTED WITH THE U.S. DEPT OF HEALTH AND HUMAN SERVICES. ESTIMATED ACTIVITY - 769 CHILDREN ENROLLED.

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

5,108,411.

d

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ► **8,077,415.**

Form 990 (2006)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	630,746.	45	561,956.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	50,742.		
	b Less: allowance for doubtful accounts		47c	50,742.
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable	164,661.	49	361,153.
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable		51c	
	b Less: allowance for doubtful accounts		52	
	52 Inventories for sale or use	110,086.	53	47,662.
	53 Prepaid expenses and deferred charges		54a	
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			
55 a Investments - land, buildings, and equipment: basis				
b Less: accumulated depreciation		55c		
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	4,989,225.			
b Less: accumulated depreciation	2,729,577.			
58 Other assets, including program-related investments (describe ► REFUNDABLE DEPOSITS)	11,491.	58	11,491.	
59 Total assets (must equal line 74). Add lines 45 through 58	3,556,962.	59	3,292,652.	
Liabilities	60 Accounts payable and accrued expenses	485,359.	60	407,596.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	163,994.	64b	125,812.
	65 Other liabilities (describe ► REFUNDABLE ADVANCES)	1,000.	65	141,788.
	66 Total liabilities. Add lines 60 through 65	650,353.	66	675,196.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	2,906,609.	67	2,617,456.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	2,906,609.	73	2,617,456.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	3,556,962.	74	3,292,652.

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b	1,154,390.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
85a	N/A		
85b	N/A		
c	Dues, assessments, and similar amounts from members		
85c	N/A		
d	Section 162(e) lobbying and political expenditures		
85d	N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e	N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f	N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85h	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
b	Gross receipts, included on line 12, for public use of club facilities		
86a	N/A		
86b	N/A		
87	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.)		
87a	N/A		
87b	N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		
88a		X	
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		
88b		X	
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		
89b		X	
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
89c	0.		
89d	0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		
89e		X	
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		
89f		X	
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
89g		X	
90 a	List the states with which a copy of this return is filed		
b	Number of employees employed in the pay period that includes March 12, 2006		
90b	208		
91 a	The books are in care of MS. NORRIS ANN ROLAND		
Located at	WINTER HAVEN, FLORIDA		
Telephone no.	863-330-3491		
ZIP + 4	33881		
b	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 account)? If "Yes," enter the name of the foreign country		
91b	N/A	X	

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **Yes** **No**

If "Yes," enter the name of the foreign country **N/A**

91c **X**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ☐

and enter the amount of tax-exempt interest received or accrued during the tax year **92**

N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a CHILD CARE FEES					37,421.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	2,419.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					<7,751.>
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER REVENUE					51,098.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		2,419.	80,768.
105 Total (add line 104, columns (B), (D), and (E))					83,187.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

93AE CHILD CARE SERVICES PROVIDED BY AN ORGANIZATION DEFINED IN
103A SECTION 170 (B)(1)(A)(VI)

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

Please Sign Here

Signature of officer: Deboris Johnson Date: 4/1/08

Type or print name and title: Deboris Johnson, CEO

Paid Preparer's Use Only

Preparer's signature: Mike Smith Date: 4/1/08 Check if self-employed: ☐

Firm's name (or yours if self-employed), address, and ZIP + 4: RSM MCGLADREY, INC.
800 N. MAGNOLIA AVENUE, SUITE 1700
ORLANDO, FL 32803

Preparer's SSN or PTIN (See Gen. Inst. X): EIN

Phone no.: 407-898-2727

Form **8868**

(Rev. April 2007)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒ **X**
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box
and complete Part I only ☐All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time
to file income tax returns.Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns
noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want
the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form
990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form,
visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions.	THE AGRICULTURAL AND LABOR PROGRAM, INC.	59-1634148
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 3126	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WINTER HAVEN, FL 33880	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **MS. NORRIS ANN ROLAND**
Telephone No. ▶ **863-330-3491** FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this
box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until
FEBRUARY 15, 2008 , to file the exempt organization return for the organization named above. The extension
is for the organization's return for:
▶ ☐ calendar year _____ or
▶ ☒ tax year beginning **JUL 1, 2006** , and ending **JUN 30, 2007** .

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 4-2007)

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	THE AGRICULTURAL AND LABOR PROGRAM, INC.	59-1634148
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 3126	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WINTER HAVEN, FL 33880	

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **MS. NORRIS ANN ROLAND**

Telephone No. **863-330-3491**

FAX No. _____

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2008**

5 For calendar year _____, or other tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO ACCURATELY PREPARE THE TAX RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	Ba	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	Bb	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	Bc	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature _____

Title _____

Date _____

Notice to Applicant. (To Be Completed by the IRS)

- ☐ We have approved this application. Please attach this form to the organization's return.
☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
☐ Other _____

Director _____

By _____

Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name RSM MCGLADREY, INC.
	Number and street (include suite, room, or apt. no.) or a P.O. box number 800 N. MAGNOLIA AVENUE, SUITE 1700
	City or town, province or state, and country (including postal or ZIP code) ORLANDO, FL 32803

623832
05-01-07

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2006

Name of the organization

THE AGRICULTURAL AND LABOR PROGRAM, INC.

Employer identification number

59 1634148

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ELIZABETH YOUNG 240 WYNELL DR, DAVENPORT, FL 33837	C.D. DIRECTOR 40.00	71,427.	5,676.	
MARY JONES 6503 LAKELAND BLVD., FT PIERCE, FL 34	HEADSTART DIR 40.00	71,427.	4,912.	
JOAN TURNER 907 HENDON PL, POINCIANA, FL 34758	C.S. DIRECTOR 40.00	58,055.	5,732.	
YVONNE PARHAM 1203 CINNAMON WAY WEST, LAKELAND, FL	HR DIRECTOR 40.00	61,922.	4,577.	
AL MILLER 1213 E. CAMELLIA DRIVE, BRANDON, FL 3	DEPUTY DIRECTOR 40.00	53,540.		
Total number of other employees paid over \$50,000	0			

Part II-A

Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part II-B

Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

Part III **Statements About Activities** (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) SEE STATEMENT 6	X	
b Did the organization have a section 403(b) annuity plan for its employees?	X	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b Did the organization make any taxable distributions under section 4966?	N/A	
c Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
d Enter the total number of donor advised funds owned at the end of the tax year		N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/A
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	9,956,164.	15736100.	20852497.	22229211.	68,773,972.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	262,244.	12,185.	267,000.	119,176.	660,605.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	64.	44.	47.	60.	215.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	10218472.	15748329.	21119544.	22348447.	69,434,792.
24 Line 23 minus line 17	9,956,228.	15736144.	20852544.	22229271.	68,774,187.
25 Enter 1% of line 23	102,185.	157,483.	211,195.	223,484.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 1,375,484.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 68,774,187.
d Add: Amounts from column (e) for lines: 18 215. 19 22 26b					26d 215.
e Public support (line 26c minus line 26d total)					26e 68,773,972.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.9997%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2005) (2004) (2003) (2002)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2005) (2004) (2003) (2002)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2006

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check ☐ a ☐ if the organization belongs to an affiliated group.Check ☐ b ☐ if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

(a)
Affiliated group
totals(b)
To be completed for all
electing organizations

36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	N/A	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount. Enter the amount from the following table -			
	If the amount on line 40 is -			
	Not over \$500,000			
	Over \$500,000 but not over \$1,000,000			
	Over \$1,000,000 but not over \$1,500,000			
	Over \$1,500,000 but not over \$17,000,000			
	Over \$17,000,000			
	The lobbying nontaxable amount is -			
	20% of the amount on line 40			
	\$100,000 plus 15% of the excess over \$500,000			
	\$175,000 plus 10% of the excess over \$1,000,000			
	\$225,000 plus 5% of the excess over \$1,500,000			
	\$1,000,000			
42	Grassroots nontaxable amount (enter 25% of line 41)	42		
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
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 other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2006

Name of organization

THE AGRICULTURAL AND LABOR PROGRAM, INC.

Employer identification number

59-1634148

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

☐ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization

Employer identification number

THE AGRICULTURAL AND LABOR PROGRAM, INC.

59-1634148

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	FLORIDA PARTNERSHIP FOR SCHOOL READINESS 600 SOUTH CALHOUN STREET TALLAHASSEE, FL 32399-7000	\$ 428,084.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	STATE OF FLORIDA - COMMUNITY AFFAIRS 2555 SHUMARD OAK BOULEVARD TALLAHASSEE, FL 32399-2100	\$ 1,331,071.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	STATE OF FLORIDA - DEPARTMENT OF EDUCATION 325 W. GAINES ST., TURLINGTON BUILDING, STE 1514 TALLAHASSEE, FL 32399	\$ 573,663.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	U.S. DEPT. OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVENUE S.W. WASHINGTON, D.C. 20201	\$ 6,091,168.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Fixed Asset Listing and Depreciation Schedule

The Agricultural & Labor Program, Inc.

Depreciation Period: 06/30/07
Period Ending Date: 6/30/2007

Run Date: 10/16/07
Run Time: 11:24:47 am
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Item#	Description	Acquired	Month	GL#	LC#	DS#	DP#	Cur Month	YTD	Tot to Dt	Bk Value
Status: Active											
3	20X24 UT SHED GREY/W	10/6/95	60	18000	100	50	3	0.00	0.00	5,345.00	0.00
33	FOUR MODULAR UNITS	4/23/96	134	18000	317	50	7	1,190.25	14,283.00	159,493.50	54,752.25
53	RENOVATIONS CENTR	6/11/97	61	18000	100	15	3	0.00	0.00	35,876.00	0.00 *
75	BLDG7301 LYNCHBURG	7/1/97	120	18000	100	50	7	1,222.22	14,666.64	146,666.43	73,333.57
76	BLDG FROSTPROOF CD	7/1/97	120	18000	302	50	7	1,127.78	13,533.36	135,333.57	67,666.43
77	BLDG GEORGE W. TRU	7/1/97	120	18000	309	50	7	1,761.11	21,133.32	211,333.21	105,666.79
83	BLDG LAKEVIEW PARK	7/1/97	120	18000	322	50	7	1,000.00	12,000.00	120,000.00	60,000.00
138	RENOVATIONS GEO. W.	5/11/98	61	18000	309	15	3	0.00	0.00	7,835.00	0.00
139	FLOORING FROSTPROO	11/26/97	64	18000	302	15	3	0.00	0.00	9,006.06	0.00
140	ELECTRICAL REPAIRS	2/6/98	3,807.20	113	18000	302	15	21.15	253.80	2,389.95	1,417.25
204	CEILING TILE & INSULL	2/19/98	3,595.00	112	18000	302	15	19.97	239.64	2,236.64	1,358.36
328	GARDEN TERRACE HEA	1/3/00	369,529.19	90	18000	324	50	2,052.94	24,635.28	184,764.60	184,764.59
330	FRANCINA DUVAL BUI	7/1/92	80,000.00	180	18000	318	50	444.44	5,333.28	79,999.20	0.80
341	MODULAR PIERSON #1	7/1/98	50,000.00	108	18000	323	50	277.78	3,333.36	30,000.24	19,999.76
344	FRANCINA DUVAL REN	6/30/00	38,667.50	84	18000	318	15	214.82	2,577.84	18,044.88	20,622.62
345	SHUTTERS G W TRUITT	8/3/00	2,168.00	61	18000	309	15	0.00	0.00	2,168.00	0.00
364	WINDOW ADDITION GA	8/31/00	4,950.00	83	18000	324	15	27.50	330.00	2,282.50	2,667.50
470	RENOVATIONS FRANC	11/15/00	9,555.40	80	18000	318	15	53.09	637.08	4,247.20	5,308.20
522	RAMPS & WALK COVER	1/3/03	7,789.00	54	18000	317	15	43.27	519.24	2,336.58	5,452.42
534	RENOVATIONS GW TRU	6/30/03	416,186.91	49	18000	309	15	2,312.15	27,745.80	113,295.35	302,891.56 *
560	GW TRUITT RENOVATC	10/29/03	18,823.24	45	18000	309	15	104.57	1,254.84	4,705.65	14,117.59
561	LANDSCAPING GW TRU	4/10/04	2,934.31	39	18000	309	10	48.91	586.92	1,907.49	1,026.82
642	REPAIR MAIN SEWER L	5/2/04	7,640.00	38	18000	309	52	127.33	1,527.96	4,838.54	2,801.46
643	ROOF REPLACEMENT F	3/16/05	68,860.00	27	18000	302	15	382.56	4,590.72	10,329.12	58,530.88
644	ROOF REPLACEMENT W	6/30/05	19,275.00	24	18000	100	15	107.08	1,284.96	2,569.92	16,705.08
646	ROOF REPLACEMENT G	5/19/05	39,747.00	25	18000	309	15	220.82	2,649.84	5,520.50	34,226.50
658	ROOF REPLACEMENT F	5/19/05	7,800.00	25	18000	318	15	43.33	519.96	1,083.25	6,716.75
	2 side Hand Rails at Winter	10/31/06	3,740.00	9	18000	100	15	62.33	560.97	560.97	3,179.03

Fixed Asset Listing and Depreciation Schedule

The Agricultural & Labor Program, Inc.

Depreciation Period: 06/30/07
Period Ending Date: 6/30/2007

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Run Time: 11:24:47 am
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Item#	Description	Acquired	Month	GL#	LC#	DS#	DP#	Cur Month	YTD	Tot to Dt	Bk Value
Subtotals:		2,347,375.56	504000					12,865.40	154,197.81	1,304,169.35	1,043,206.21
GL Code	18100 Furniture & Fixtures										
12	OFFICE FURNITURE H/S.	6/28/96	60	18100	310	5	3	0.00	0.00	2,820.00	0.00
13	STORAGE FILING SYST	6/28/96	60	18100	310	5	3	0.00	0.00	7,771.50	0.00
23	TABLE FOR UNDER COU	6/27/96	61	18100	311	20	3	0.00	0.00	650.00	0.00
24	UNIVERSAL WORK TAB	6/27/96	60	18100	311	20	3	0.00	0.00	760.00	0.00
27	DISPLAY CASE @ H/S AI	6/28/96	61	18100	310	5	3	0.00	0.00	1,630.40	0.00
30	LATERAL FILE #1423L	9/18/95	60	18100	310	5	3	0.00	0.00	1,202.00	0.00
54	CHAIN LINK FENCE 25	11/18/96	61	18100	100	18	3	0.00	0.00	1,982.00	0.00
55	GALA VANIZED STOVE F	2/14/97	61	18100	302	7	3	0.00	0.00	3,341.00	0.00
89	WORKTABLE 6SLS-24 G	5/5/98	61	18100	309	20	3	0.00	0.00	599.00	0.00
97	WORKTABLE GWT KIT	5/5/98	61	18100	309	20	3	0.00	0.00	1,865.00	0.00
98	WALL SHELVES GWT K	5/5/98	60	18100	309	20	3	0.00	0.00	1,344.00	0.00
122	FENCE - FROSTPROOF C	7/16/97	61	18100	302	18	3	0.00	0.00	4,892.93	0.00
130	LA-Z-BOY EXECUTIVE C	2/5/98	60	18100	310	1	3	0.00	0.00	565.00	0.00
131	HUTCH & BOOKCASE	2/5/98	61	18100	310	1	3	0.00	0.00	899.00	0.00
141	DESK	11/25/97	60	18100	310	1	3	0.00	0.00	1,256.40	0.00
142	CREDENSA	11/25/97	61	18100	310	1	3	0.00	0.00	1,098.80	0.00
143	HUTCH	11/25/97	60	18100	310	1	3	0.00	0.00	752.80	0.00
144	EXHAUST HOOD & FIR	3/25/98	111	18100	309	9	7	29.89	358.68	3,317.79	2,063.21
162	5 TIER SHELF	9/30/97	60	18100	100	1	3	0.00	0.00	529.00	0.00
163	5 DRAWER LATERAL FI	9/30/97	60	18100	100	5	3	0.00	0.00	739.00	0.00
215	FENCE - GW TRUITT	12/17/99	61	18100	309	18	3	0.00	0.00	1,166.00	0.00
227	CHANGING TABLE	5/4/00	60	18100	309	20	3	0.00	0.00	595.00	0.00
342	LIGHTING PROTECTION	7/12/00	60	18100	100	15	3	0.00	0.00	4,399.00	0.00
343	FIRELITE MEC24 MCB24	7/7/00	60	18100	309	10	3	0.00	0.00	1,149.00	0.00
348	GREEN ENTERTAINMEN	8/4/00	60	18100	310	1	3	0.00	0.00	987.00	0.00
380	LATERAL FILE 5 DWR W	3/14/01	61	18100	310	5	3	0.00	0.00	609.75	0.00
381	DESK SINGLE PEDISTA	3/17/01	60	18100	310	1	3	0.00	0.00	696.00	0.00

Fixed Asset Listing and Depreciation Schedule

The Agricultural & Labor Program, Inc.

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382	LATERAL FILE 5DW W/	3/14/01	61	18100	310	5	3	0.00	0.00	609.75	0.00 *
383	LATERAL FILE 5DWR, W	3/14/01	61	18100	310	5	3	0.00	0.00	609.75	0.00 *
385	LATERAL FILE CABINE	3/14/01	60	18100	100	5	3	0.00	0.00	549.00	0.00
389	HUTCH FOR DESK	4/5/01	60	18100	310	1	3	0.00	0.00	528.00	0.00
390	HON LATERAL FILE 42"	4/11/01	60	18100	100	5	3	0.00	0.00	549.00	0.00 *
397	SINGLE PEDISTAL DES	5/23/01	60	18100	310	1	3	0.00	0.00	624.00	0.00
415	2 FILE UNITS - CCRR	8/15/01	60	18100	310	5	3	0.00	0.00	3,590.00	0.00
420	3 WORKSTATIONS LINC	11/19/01	60	18100	311	1	3	0.00	0.00	5,552.29	0.00
430	2 WORKSTATIONS GARI	2/22/02	60	18100	324	1	3	0.00	0.00	2,104.70	0.00
461	RECEPTION STATION	9/11/02	58	18100	100	1	3	0.00	0.00	1,010.00	0.00
484	EXEC CHAIR NAVY	4/30/03	51	18100	100	53	3	16.83	201.96	976.14	33.86
485	DESK, HUTCH MAHOGA	4/30/03	51	18100	100	1	3	15.93	191.16	812.43	143.57
486	BLUE SIDE CHAIR EXEC	4/30/03	51	18100	100	53	3	40.03	480.36	2,041.53	360.47
487	CONFERENCE TABLE B	4/2/03	51	18100	310	20	3	9.02	108.24	460.02	80.98
517	WORKSTATIONS BAY J	6/30/03	51	18100	310	1	3	12.27	147.24	625.77	110.23
537	HON 30 X 66 DESK SHEL	10/24/03	45	18100	309	1	3	56.57	678.84	2,771.93	622.07
538	HON STACK ON STORAC	10/24/03	45	18100	309	5	3	9.32	111.84	419.40	139.60
539	HON 5 SHELF BOOKCAS	10/24/03	45	18100	309	2	3	13.32	159.84	599.40	199.60
563	FENCING VILLAGE GRE	6/29/04	37	18100	317	18	3	9.32	111.84	419.40	139.60
564	FENCING GARDEN TER	6/29/04	37	18100	324	18	3	30.37	364.44	1,123.69	698.31
568	FENCING GW TRUITT	6/8/04	37	18100	309	18	3	75.58	906.96	2,796.46	1,738.54
612	STAINLESS STEEL SINK	6/29/05	24	18100	312	2	3	258.42	3,101.04	9,561.54	5,943.46
621	WORKSTATION SYS FO	6/30/05	24	18100	310	1	3	32.40	388.80	777.60	1,166.47
Subtotals:		109,359.14	905000					779.27	10,026.78	89,799.17	19,559.97
GL Code	18200 Machinery and Equipment										
6	FREEZER TRUE T-72F - 3	1/18/96	61	18200	312	8	3	0.00	0.00	3,970.00	0.00
14	IMPERIAL GAS RANGE -	6/28/96	60	18200	311	7	3	0.00	0.00	2,650.00	0.00
18	HP LASER 5P	6/30/96	61	18200	100	4	3	0.00	0.00	1,223.00	0.00
21	FREEZER TRUE 2 DOOR	6/27/96	60	18200	311	8	3	0.00	0.00	2,775.00	0.00

Fixed Asset Listing and Depreciation Schedule

The Agricultural & Labor Program, Inc.

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Item#	Description	Acquired	Month	GL#	LC#	DS#	DP#	Cur Month	YTD	Tot to Dt	Bk Value
51	A/C CARRIER SYSTEM 2	11/6/96	60	18200	100	16	3	0.00	0.00	4,345.00	0.00
69	PHONE SYSTEM - FT PI	6/8/97	60	18200	310	22	3	0.00	0.00	5,369.70	0.00
72	INTERCOM SYSTEM - 14	6/30/97	60	18200	312	22	3	0.00	0.00	3,601.65	0.00
73	INTERCOM SYSTEM LIN	6/30/97	60	18200	311	22	3	0.00	0.00	2,759.74	0.00
74	INTERCOM SYSTEM VIL	6/30/97	60	18200	317	22	3	0.00	0.00	1,717.20	0.00
84	DCS 60" RANGE GEO. W.	5/5/98	60	18200	309	7	3	0.00	0.00	2,695.00	0.00
85	SOUTHBEND CONVECT	5/5/98	60	18200	309	7	3	0.00	0.00	3,550.00	0.00
86	UNIVERSAL 5.SLS STAI	5/5/98	60	18200	309	9	3	0.00	0.00	730.00	0.00
93	97 BLUEBIRD SBCV6600	6/16/98	60	18200	310	14	3	0.00	0.00	50,325.00	0.00
94	97 BLUEBIRD SBCV6600	6/16/98	60	18200	310	14	3	0.00	0.00	50,325.00	0.00
104	HP LASER JET 4000 PREN	2/18/98	61	18200	100	4	3	0.00	0.00	1,163.00	0.00
106	A/C CARRIER AIR HAND	7/21/97	60	18200	302	16	3	0.00	0.00	3,564.00	0.00
107	A/C CARRIER AIR HAND	7/21/97	60	18200	302	16	3	0.00	0.00	1,920.00	0.00
108	COMPAQ COMPUTER P	7/28/97	61	18200	100	3	3	0.00	0.00	7,439.35	0.00
120	NETWORK SERVER UPD	3/13/98	60	18200	100	6	3	0.00	0.00	1,377.00	0.00
124	MAYLINE LAN UNIT	7/14/97	60	18200	100	11	3	0.00	0.00	1,405.00	0.00
128	FORD F150 HOT SHOT 1	1/16/98	60	18200	310	13	3	0.00	0.00	33,306.00	0.00
129	FORD F150 HOT SHOT 1	1/16/98	60	18200	310	13	3	0.00	0.00	1,405.00	0.00
165	HP-102661 4.5GB 32MB W	8/14/98	61	18200	100	3	3	0.00	0.00	33,306.00	0.00
166	CISCO 2514 DUAL ROUT	8/14/98	60	18200	100	11	3	0.00	0.00	4,328.02	0.00
168	INSTANT INTERNET BO	8/14/98	61	18200	100	11	3	0.00	0.00	2,683.75	0.00
170	A/C 384K-008-501 UNIT F	8/17/98	60	18200	302	16	3	0.00	0.00	950.00	0.00
172	CTX SVGA PROJECTOR	10/7/98	61	18200	100	23	3	0.00	0.00	2,725.00	0.00
178	SOFTWARE ORACLE SE	11/25/98	61	18200	310	6	3	0.00	0.00	3,095.00	0.00
190	COMPAQ DESKPRO EP 6	3/29/99	60	18200	100	3	3	0.00	0.00	4,941.25	0.00
191	COMPAQ DESKPRO EP 6	3/29/99	60	18200	100	3	3	0.00	0.00	1,504.00	0.00
193	HP NETSVR E50 PII 6/333	4/26/99	61	18200	100	3	3	0.00	0.00	1,504.00	0.00
195	NORTEL INST INTERNE	4/26/99	61	18200	100	6	3	0.00	0.00	4,398.74	0.00
202	CM TOOLS CLIENT TRA	5/28/99	60	18200	100	6	3	0.00	0.00	698.62	0.00
206	IBM INFOPRINT 32 LASE	8/2/99	60	18200	310	4	3	0.00	0.00	5,545.00	0.00
									0.00	3,651.00	0.00

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Item#	Description	Acquired	Acquisition	Month	GL#	LC#	DS#	DP#	Cur Month	YTD	Tot to Dt	Bk Value
210	LENNOX 7.5 TOC A/C	9/24/99	3,650.00	61	18200	309	16	3	0.00	0.00	3,650.00	0.00
212	TOUCH N'PLAY PRESCH	12/6/99	3,787.38	61	18200	324	3	3	0.00	0.00	3,787.38	0.00
214	3COM SUPERSTACK II 2	12/13/99	985.00	60	18200	100	11	3	0.00	0.00	985.00	0.00
220	TOUCH N PLAY COMPUT	2/29/00	3,695.00	61	18200	302	3	3	0.00	0.00	3,695.00	0.00
221	TOUCH N PLAY COMPUT	2/29/00	3,695.00	61	18200	302	3	3	0.00	0.00	3,695.00	0.00
222	3TON AC WINTER HAVE	3/2/00	1,220.00	61	18200	100	16	3	0.00	0.00	1,220.00	0.00
223	COMPACT COMPUTER D	3/15/00	1,375.00	60	18200	100	3	3	0.00	0.00	1,375.00	0.00
226	2000 NAVISTAR INTERN.	4/19/00	60,734.00	61	18200	310	14	3	0.00	0.00	60,734.00	0.00
228	LENNOX AC GWTRUIT	5/9/00	1,450.00	60	18200	309	16	3	0.00	0.00	1,450.00	0.00
229	MURRY SELECT MOWE	5/16/00	979.00	60	18200	302	10	3	0.00	0.00	979.00	0.00
230	2000 CHEVROLET VENTI	5/22/00	24,355.50	60	18200	310	13	3	0.00	0.00	24,355.50	0.00
234	COMPAQ 1600 SERVER P	3/12/99	8,062.00	60	18200	100	3	3	0.00	0.00	8,062.00	0.00
235	HP LASER JET III FINAN	2/9/94	3,000.00	60	18200	100	4	3	0.00	0.00	3,000.00	0.00
236	HP LASER JET III FINAN	2/9/94	3,000.00	60	18200	100	4	3	0.00	0.00	3,000.00	0.00
237	PANASONIC OMNIVISI	4/7/94	549.00	60	18200	100	23	3	0.00	0.00	549.00	0.00
238	PANASONIC OMNIVISI	4/7/94	549.00	60	18200	100	23	3	0.00	0.00	549.00	0.00
240	MONITOR COMPAQ LI	12/1/93	0.00	0	18200	100	3	0	0.00	0.00	0.00	0.00
241	COMPUTER - LIHEAP	12/1/93	0.00	0	18200	100	3	0	0.00	0.00	0.00	0.00
244	KUBOTA TRACTOR	10/21/95	24,000.00	60	18200	100	10	3	0.00	0.00	24,000.00	0.00
245	PRESSURE CLEANER	1/9/95	3,598.00	60	18200	100	10	3	0.00	0.00	3,598.00	0.00
248	6500 GENERATOR	5/3/95	2,739.96	60	18200	100	10	3	0.00	0.00	2,739.96	0.00
249	EX 650 GENERATOR	5/3/95	551.96	60	18200	100	10	3	0.00	0.00	551.96	0.00
252	GRAVELY MOWER	1/1/94	5,500.00	60	18200	100	10	3	0.00	0.00	5,500.00	0.00
258	SPORTSTER MODEM	6/30/96	1,223.00	61	18200	100	11	3	0.00	0.00	1,223.00	0.00
276	DELL COMPUTER 18 OF	3/5/98	1,422.00	60	18200	100	3	3	0.00	0.00	1,422.00	0.00
277	DELL COMPUTER 19 OF	3/5/98	1,422.00	60	18200	100	3	3	0.00	0.00	1,422.00	0.00
283	APC SMART-UPS 1400	3/5/98	639.81	61	18200	100	11	3	0.00	0.00	639.81	0.00
284	3COM SUPERSTACK II D	3/5/98	1,751.58	61	18200	100	11	3	0.00	0.00	1,751.58	0.00
285	3COM SUPERSTACK II D	3/5/98	1,751.58	61	18200	100	11	3	0.00	0.00	1,751.58	0.00
310	COMPAQ DESKPRO 2.1 C	3/29/99	1,504.00	60	18200	100	3	3	0.00	0.00	1,504.00	0.00

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Item#	Description	Acquired	Acquisition	Month	GL#	LC#	DS#	DP#	Cur Month	YTD	Tot to Dt	Bk Value
311	COMPAQ DESKPRO 2.	3/29/99	1,504.00	60	18200	100	3	3	0.00	0.00	1,504.00	0.00
314	COMPAQ DESKPRO P3	3/29/99	1,504.00	60	18200	100	3	3	0.00	0.00	1,504.00	0.00
325	HP LASERJET 5	5/1/97	1,326.67	61	18200	100	4	3	0.00	0.00	1,326.67	0.00
340	95 FORD 40 PASSENGER	7/1/95	33,000.00	60	18200	100	14	3	0.00	0.00	33,000.00	0.00
355	A/C BARD 3600A-A05 PI	10/12/00	1,370.00	61	18200	323	16	3	0.00	0.00	1,370.00	0.00
358	ALARM SYSTEM FROS	10/23/00	9,881.47	61	18200	302	10	3	0.00	0.00	9,881.47	0.00
362	2001 CHEVROLET EXPRE	11/28/00	19,005.00	60	18200	310	13	3	0.00	0.00	19,005.00	0.00 *
363	LANGUAGE COMMUNIC	11/30/00	2,000.00	61	18200	323	23	3	0.00	0.00	2,000.00	0.00
365	CANONCFX-L3500 IF FA	12/1/00	750.00	55	18200	320	21	3	0.00	0.00	750.00	0.00
368	A/C GOODMAN AIR HAD	1/12/01	1,500.00	60	18200	309	16	3	0.00	0.00	1,500.00	212.50
375	THINKPAD T21 PIH/850 1	2/3/01	4,018.00	60	18200	100	3	3	0.00	0.00	4,018.00	0.00
376	TOUCH N' PLAY PRESCH	2/15/01	3,144.75	61	18200	318	3	3	0.00	0.00	3,144.75	0.00
377	TOUCH N' PLAY PREECH	2/15/01	3,144.75	61	18200	318	3	3	0.00	0.00	3,144.75	0.00
379	A/C COOLINE MD# HHBI	2/19/01	950.00	61	18200	312	16	3	0.00	0.00	950.00	0.00
396	HATCH TOUCH N' PLAY I	5/2/01	3,144.75	61	18200	324	3	3	0.00	0.00	3,144.75	0.00
418	MUSTANG HI SPD BURN	10/20/01	1,250.00	60	18200	310	10	3	0.00	0.00	1,250.00	0.00
422	DAP AUDIOMETER BATT	12/3/01	606.25	60	18200	310	25	3	0.00	62.69	606.25	0.00
423	DSP AUDIOMETER BATT	12/3/01	606.25	60	18200	310	25	3	0.00	50.75	606.25	0.00
424	DSP AUDIOMETER BATT	12/3/01	606.25	60	18200	310	25	3	0.00	50.75	606.25	0.00
425	DSP AUDIOMETER BATT	12/3/01	606.25	60	18200	310	25	3	0.00	50.75	606.25	0.00
428	PROCARE SOFTWARE U	1/31/02	606.25	60	18200	310	25	3	0.00	50.75	606.25	0.00
431	A/C STON S.E.R. COND	5/1/02	2,409.00	60	18200	302	6	3	0.00	50.75	606.25	0.00
433	2002 MERCURY VILLAGE	6/28/02	1,780.00	60	18200	309	16	3	0.00	240.90	2,409.00	0.00
434	2002 NAVISTAR INTERN.	6/28/02	23,801.95	60	18200	310	13	3	0.00	296.50	1,780.00	0.00
439	COMPAQ EVO D300 W/	6/28/02	65,700.00	60	18200	310	14	3	0.00	4,363.65	23,801.95	0.00
442	COMPAQ EVO D300 W/	6/28/02	1,952.22	60	18200	100	3	3	0.00	~12,045.00	65,700.00	0.00
443	COMPAQ EVO D300 W/	6/28/02	1,952.22	60	18200	100	3	3	0.00	357.76	1,952.22	0.00
446	IBM THINKPAD R32	6/28/02	1,952.22	60	18200	100	3	3	0.00	357.76	1,952.22	0.00
447	IBM THINKPAD R32	6/28/02	1,751.44	60	18200	310	3	3	0.04	321.13	1,751.44	0.00
448	IBM THINKPAD R32	6/28/02	1,751.44	60	18200	310	3	3	0.04	321.13	1,751.44	0.00

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449	IBM THINKPAD R32	6/28/02	1,817.34	60	18200	100	3	3	0.00	333.13	1,817.34	0.00
455	LAPTOP PCQ10N:EVON	7/9/02	1,841.94	60	18200	100	3	3	30.64	368.34	1,841.94	0.00
456	CPQ EVO D300V 8/1.7 20	7/5/02	886.02	60	18200	100	3	3	14.59	177.06	886.02	0.00
457	CPQ EVO D300V 8/1.7 20	7/10/02	879.92	60	18200	100	3	3	14.39	175.76	879.92	0.00
462	PRINTER HP LJ 5100DTN	10/31/02	2,644.94	57	18200	310	4	3	44.08	528.96	2,512.56	132.38
467	CPQ EVO D310V 9/1.8 40	1/27/03	1,386.00	54	18200	100	3	3	23.10	277.20	1,247.40	138.60
468	CPQ EVO D310V 8/1.8 40	1/23/03	925.00	54	18200	100	3	3	15.42	185.04	832.68	92.32
469	SOUND STATIONS FOR V	1/15/03	1,530.00	54	18200	100	22	3	25.50	306.00	1,377.00	153.00
472	LEARNING CENTER SI	2/12/03	2,747.25	53	18200	312	3	3	45.79	549.48	2,426.87	320.38
473	DELL OPTILPEX GX 260	12/21/02	1,346.00	55	18200	100	3	3	22.43	269.16	1,233.65	112.35
474	CPQ EVO D310V 8/1.8 40	1/23/03	925.00	54	18200	100	3	3	15.42	185.04	832.68	92.32
475	CPQ EVO D310V 8/1.8 40	1/23/03	925.00	54	18200	100	3	3	15.42	185.04	832.68	92.32
476	CPQ EVO D310 8/1.8 40G	1/28/03	950.00	54	18200	100	3	3	15.83	189.96	854.82	95.18
478	CPQ EVO D510 SFF 8/2.0	2/3/03	1,043.90	53	18200	310	3	3	17.40	208.80	922.20	121.70
480	CPQ EVO D310V 8/1.8 40	2/3/03	961.43	53	18200	100	3	3	16.02	192.24	849.06	112.37
481	IBM INFORPRINT 1145 L	3/25/03	2,507.12	52	18200	100	4	3	41.79	501.48	2,173.08	334.04
489	PLANAR PL190M BLK 1	5/13/03	616.87	50	18200	310	3	3	10.28	123.36	514.00	102.87
493	CPQ EVO D310V 8/2.4 40	6/30/03	745.00	49	18200	100	3	3	12.42	149.04	608.58	136.42
494	CPQ EVO D310V 8/2.4 40	6/30/03	745.00	49	18200	100	3	3	12.42	149.04	608.58	136.42
495	CPQ EVP D310V 8/2.4 40	6/30/03	745.00	49	18200	100	3	3	12.42	149.04	608.58	136.42
498	CPQ EVO 310V 8/2.4 40G	6/30/03	745.00	49	18200	100	3	3	12.42	149.04	608.58	136.42
504	CPQ EVO D310V 8/2.4 40G	6/30/03	745.00	49	18200	100	3	3	12.42	149.04	608.58	136.42
505	CPQ EVO D310V 8/2.4 40	6/30/03	745.00	49	18200	100	3	3	12.42	149.04	608.58	136.42
506	PLANAR PL190M BLK 1	6/30/03	745.08	49	18200	100	3	3	12.42	149.04	608.58	136.42
509	IBM TP R32 8/1.8 20GB D	6/30/03	618.37	49	18200	310	11	3	10.31	123.72	505.19	113.18
511	IBM TP R32 8/1.8 20GB D	6/30/03	1,400.37	49	18200	310	3	3	23.34	280.08	1,143.66	256.71
513	XEROX PHASER 3400 17	6/4/03	1,400.37	49	18200	310	3	3	23.34	280.08	1,143.66	256.71
514	XEROX PHASER 3400N 1	6/4/03	672.22	49	18200	100	4	3	11.20	134.40	548.80	123.42
515	AC CONDENSER FROST	6/3/03	702.34	49	18200	320	4	3	11.71	140.52	573.79	128.55
516	FLOOR MACHINE FRED	6/30/03	1,417.00	49	18200	302	16	3	23.62	283.44	1,157.38	259.62
			5,260.00	49	18200	310	10	3	87.67	~1,052.04	4,295.83	964.17

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520	FOR AC UNITS VILLAGE	6/30/03	13,063.00	49	18200	317	16	3	217.72	2,612.64	10,668.28	2,394.72
523	DELL POWEREDGE 2600	11/1/02	18,742.66	56	18200	100	3	3	312.38	3,748.56	17,493.28	1,249.38
528	CPQ EVO D310 MICROTC	11/1/02	1,170.00	56	18200	100	3	3	19.50	234.00	1,092.00	78.00
529	CPQ EVO/3 CPQ POCKE	11/1/02	2,852.07	56	18200	100	11	3	47.53	570.36	2,661.68	190.39
530	DIGITAL H.S. SOLUTION	6/30/03	76,500.00	48	18200	310	11	3	1,275.00	15,300.00	61,200.00	15,300.00
531	5 HP PUMP FROSTPROO	8/7/03	2,150.00	47	18200	302	10	3	35.83	429.96	1,684.01	465.99
532	HEADSTARTER CHILDT	8/14/03	1,990.00	47	18200	302	6	3	33.17	398.04	1,558.99	431.01
533	5 TON PAYNE CONDENS	9/22/03	2,000.00	46	18200	322	16	3	33.33	399.96	1,533.18	466.82
535	APC SMART-UPS 1500 V	10/7/03	594.00	45	18200	310	11	3	9.90	118.80	445.50	148.50
536	XEROX PHASER 8200DP	10/14/03	2,199.00	45	18200	100	4	3	36.65	439.80	1,649.25	549.75
541	HP CPQ D220 TWR 8/2.4	11/25/03	722.90	44	18200	309	3	3	12.05	144.60	530.20	192.70
542	HP CPQ D220 TWR 8/2.4	11/25/03	722.89	44	18200	309	3	3	12.05	144.60	530.20	192.69
543	XEROX PHASER 3450B L	11/25/03	527.56	44	18200	309	4	3	8.79	105.48	386.76	140.80
544	XEROX PHASER 3450B L	11/25/03	527.56	44	18200	310	4	3	8.79	105.48	386.76	140.80
547	SIGNS WITH BRICK MAS	12/16/03	7,987.50	43	18200	309	10	3	133.13	1,597.56	5,724.59	2,262.91
552	HATCH EARLY CHILDH	1/5/04	3,879.75	42	18200	302	3	3	64.66	775.92	2,715.72	1,164.03
558	WHIRLPOOL DUET WAS	3/25/04	1,469.99	40	18200	309	19	3	24.50	294.00	980.00	489.99
559	HP 3500 COLOR LASER J	3/31/04	776.68	40	18200	309	4	3	12.94	155.28	517.60	259.08
562	TRIPP LITE TOWER SMA	5/14/04	599.98	38	18200	100	11	3	10.00	120.00	380.00	219.98 *
565	7.5 TON AC FROSTPROO	6/2/04	3,907.35	37	18200	302	16	3	65.12	781.44	2,409.44	1,497.91
566	2 TON A/C FROSTPROOF	6/2/04	1,333.50	37	18200	302	16	3	22.23	266.76	822.51	510.99
567	2 TON A/C FROSTPROOF	6/2/04	1,333.50	37	18200	302	16	3	22.23	266.76	822.51	510.99
569	IRRIGATION SYSTEM G	6/26/04	5,975.00	37	18200	309	10	3	99.58	1,194.96	3,684.46	2,290.54 *
570	5 DRWR LATERAL FILE I	6/21/04	607.60	37	18200	310	5	3	10.13	121.56	374.81	232.79
571	XEROX WORKCENTRE N	6/22/04	920.00	37	18200	100	26	3	15.33	183.96	567.21	352.79
574	MITSUBISHI HEAT PUM	6/30/04	6,637.00	37	18200	312	16	3	110.62	1,327.44	4,092.94	2,544.06
575	MITSUBISHI HEAT PUM	6/30/04	6,637.00	37	18200	312	16	3	110.62	1,327.44	4,092.94	2,544.06
578	COMPAQ PROLIANT MK	8/10/01	0.00	0	18200	100	3	0	0.00	0.00	0.00	0.00
586	COMPAQ DESKPRO EN S	8/27/01	0.00	0	18200	311	3	0	0.00	0.00	0.00	0.00
587	COMPAQ DESKPRO EN S	8/27/01	0.00	0	18200	311	3	0	0.00	0.00	0.00	0.00

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588	COMPAQ DESKPRO EN S	8/27/01	0.00	0	18200	100	3	0	0.00	0.00	0.00	0.00
589	COMPAQ DESKPRO EN S	8/27/01	0.00	0	18200	311	3	0	0.00	0.00	0.00	0.00
591	HATCH TOUCH N PLAY I	8/20/01	0.00	0	18200	317	3	0	0.00	0.00	0.00	0.00
592	HATCH TOUCH N PLAY I	8/20/01	0.00	0	18200	312	3	0	0.00	0.00	0.00	0.00
594	HATCH TOUCH N PLAY I	8/20/01	0.00	0	18200	312	3	0	0.00	0.00	0.00	0.00
595	HATCH TOUCH N PLAY I	8/20/01	0.00	0	18200	311	3	0	0.00	0.00	0.00	0.00
597	HATCH TOUCH N PLAY I	8/20/01	0.00	0	18200	312	3	0	0.00	0.00	0.00	0.00
600	HATCH TOUCH N PLAY I	8/20/01	0.00	0	18200	312	3	0	0.00	0.00	0.00	0.00
601	HATCH TOUCH N PLAY I	8/20/01	0.00	0	18200	312	3	0	0.00	0.00	0.00	0.00
602	HATCH TOUCH N PLAY I	8/20/01	0.00	0	18200	311	3	0	0.00	0.00	0.00	0.00
603	A/C 3-TON CARRIER CO	7/30/04	1,838.00	35	18200	100	16	3	30.63	367.56	1,072.05	765.95
604	SNACK VENDING MACH	9/23/04	1,806.00	33	18200	100	27	3	30.10	361.20	993.30	812.70
605	BARD 2 TON AC WALL U	10/22/04	3,183.00	32	18200	311	16	3	53.05	636.60	1,697.60	1,485.40
607	BARD 2 TON AC WALL U	10/19/04	3,183.00	32	18200	311	16	3	53.05	636.60	1,697.60	1,485.40
608	OLYMPUS VP-1 DATA P	1/12/05	2,010.76	30	18200	100	11	3	33.51	402.12	1,005.30	1,005.46
609	AC SYS HILL HAVEN	3/7/05	23,085.00	28	18200	312	16	3	384.75	4,617.00	10,773.00	12,312.00
610	2006 BLUEBIRD 65 PASSI	6/28/05	63,581.00	24	18200	310	14	3	1,059.68	12,716.16	25,432.32	38,148.68
611	CMA DISHWASHER UN	6/29/05	3,417.70	24	18200	311	19	3	56.96	683.52	1,367.04	2,050.66
613	CMA DISHWASHER UN	6/29/05	3,417.70	24	18200	309	19	3	56.96	683.52	1,367.04	2,050.66
614	BERKEL 20 QT MIXER W	6/29/05	2,898.10	24	18200	312	9	3	48.30	579.60	1,159.20	1,738.90
615	CMA DISHWASHER UN	6/29/05	3,417.70	24	18200	312	19	3	56.96	683.52	1,367.04	2,050.66
616	STAINLESS KITCHEN W/	6/29/05	3,490.30	24	18200	312	9	3	58.17	698.04	1,396.08	2,094.22
617	REFRIGERATOR	6/30/05	2,239.92	24	18200	312	8	3	37.33	447.96	895.92	1,344.00
618	SINK 20X20 TABLE72X14	6/30/05	3,677.74	24	18200	312	20	3	61.30	735.60	1,471.20	2,206.54
622	WORKTABLE 75X87X24	6/30/05	3,099.29	24	18200	312	20	3	51.65	619.80	1,239.60	1,859.69
623	FENCE MORNINGSIDE	6/30/05	7,425.00	24	18200	320	18	3	123.75	1,485.00	2,970.00	4,455.00
624	HATCH TOUCH AND PL	6/30/05	2,002.50	24	18200	320	3	3	33.38	400.56	801.12	1,201.38
625	HATCH TOUCH AND PL	6/30/05	2,002.50	24	18200	320	3	3	33.38	400.56	801.12	1,201.38
626	HATCH TOUCH AND PL	6/30/05	2,002.50	24	18200	320	3	3	33.38	400.56	801.12	1,201.38
627	HATCH TOUCH AND PL	6/30/05	2,002.50	24	18200	324	3	3	33.38	400.56	801.12	1,201.38

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628	HATCH TOUCH AND PL	6/30/05	24	18200	324	3	3	33.38	400.56	801.12	1,201.38
630	HATCH ADM COMPUTE	6/30/05	24	18200	320	3	3	38.77	465.24	930.48	1,395.52
631	HATCH ADM COMPUTE	6/30/05	24	18200	320	3	3	38.77	465.24	930.48	1,395.52
632	HATCH OFFICE COMPUT	6/30/05	24	18200	311	3	3	38.77	465.24	930.48	1,395.52
634	2 MITSUBISHI DUCTLES	6/30/05	24	18200	312	16	3	116.42	1,397.04	2,794.08	4,190.92
635	4 TON GRANDIER AC	6/30/05	24	18200	311	16	3	53.53	642.36	1,284.72	1,927.28
636	4 TON BARD AC WALL	6/30/05	24	18200	311	16	3	208.20	2,498.40	4,996.80	7,495.20
649	AC PIERSON	9/26/05	21	18200	323	16	3	53.33	639.96	1,119.93	2,080.07
650	AC UNIT WINTER HAVE	12/16/05	19	18200	100	16	3	36.67	440.04	660.06	1,539.94
651	AC UNIT FROSTPROOF	1/9/06	17	18200	302	16	3	75.57	906.84	1,284.69	3,249.31
652	AGENCY NETWORK SY	4/1/06	15	18200	100	3	3	2,834.55	34,014.60	42,518.25	127,554.98
655	Fence at Morningside	9/11/06	10	18200	320	18	3	149.78	1,497.80	1,497.80	7,489.20
656	Bard A/C Francina Duval	8/7/06	11	18200	318	16	3	53.33	586.63	586.63	2,613.37
657	Bard A/C Francina Duval	8/7/06	11	18200	318	16	3	53.33	586.63	586.63	2,613.37
659	Laptop- HP NX7400 C3/L	3/13/07	4	18200	100	3	3	21.91	87.64	87.64	1,227.21
Subtotals:			3621800					9,567.07	133,809.16	902,216.80	291,096.57
GL Code	18300 Recreation Equipment										
8	PLAYGROUND EQUIP - F	6/28/96	61	18300	318	17	3	0.00	0.00	10,121.00	0.00
70	PLAY GROUND EQUIP - I	6/30/97	61	18300	311	17	3	0.00	0.00	16,166.00	0.00
148	SCRAMBLE-N-GLIDE PL	4/20/98	61	18300	312	17	3	0.00	0.00	21,644.00	0.00
157	6 SEAT BUGGY GW TRU	8/7/97	60	18300	309	17	3	0.00	0.00	720.00	0.00
158	TODDLER PLAY CENTE	10/8/97	60	18300	309	17	3	0.00	0.00	594.99	0.00
213	GAMETIME PLAYGROUP	12/7/99	60	18300	324	17	3	0.00	0.00	18,707.74	0.00
346	ABC HILL N' DALE CLIM	8/7/00	60	18300	309	17	3	0.00	0.00	770.70	0.00
354	PICNIC TABLE & SHELTI	10/9/00	60	18300	318	17	3	0.00	0.00	4,833.00	0.00
360	SADDLE MATE DINO	11/2/00	60	18300	318	17	3	0.00	0.00	712.50	0.00
361	SADDLE MATE ELEPHA	11/2/00	60	18300	318	17	3	0.00	0.00	712.50	0.00
401	TODDLER'S NEST PLAY	6/4/01	60	18300	318	17	3	0.00	0.00	8,000.20	0.00
405	WALKER ONE ACTIVIT	9/5/00	60	18300	302	17	3	0.00	0.00	34,868.29	0.00

Fixed Asset Listing and Depreciation Schedule

The Agricultural & Labor Program, Inc.

Depreciation Period: 06/30/07
Period Ending Date: 6/30/2007

Run Date: 10/16/07
Run Time: 11:24:47 am
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Item#	Description	Acquired	Acquisition	Month	GL#	LC#	DS#	DP#	Cur Month	YTD	Tot to Dt	Bk Value
590	HATCH TOUCH N PLAY I	8/20/01	0.00	0	18400	317	3	0	0.00	0.00	0.00	0.00
637	STORM DRAIN HILL HA	10/8/04	10,755.00	33	18400	312	52	7	59.75	717.00	1,971.75	8,783.25
638	DRAIN SYSTEM	4/28/05	9,395.00	26	18400	311	52	7	52.19	626.28	1,356.94	8,038.06
639	STORM DRAIN CULVER	6/20/05	4,440.00	24	18400	312	52	7	24.67	296.04	592.08	3,847.92
640	NEW MORNINGSIDE RE	6/30/05	58,298.05	24	18400	320	52	7	323.88	3,886.56	7,773.12	50,524.93
641	DRIVEWAY LINCOLN P	6/30/05	33,800.00	24	18400	311	52	7	187.78	2,253.36	4,506.72	29,293.28
645	ROOF REPLACEMENT L	5/19/05	19,125.00	25	18400	311	15	7	106.25	1,275.00	2,656.25	16,468.75
647	ROOF REPLACEMENT H	4/24/05	39,000.00	26	18400	312	15	7	216.67	2,600.04	5,633.42	33,366.58
653	Morningside sidewalk	7/30/06	13,446.00	12	18400	320	52	7	74.70	896.40	896.40	12,549.60
Subtotals:			473,330.57		496800				2,447.13	29,365.56	179,616.73	293,713.84
GL Code	19000 Land											
79	LAND 7301 LYNCHBUR	7/11/97	155,000.00	0	19000	100	51	0	0.00	0.00	0.00	155,000.00
80	LAND FROSTPROOF CD	7/11/97	87,000.00	0	19000	100	51	0	0.00	0.00	0.00	87,000.00
81	LAND GEO. W. TRUITT C	7/11/97	53,000.00	0	19000	309	51	0	0.00	0.00	0.00	53,000.00
82	LAND LAKEVIEW PARK	7/11/97	250,000.00	0	19000	322	51	0	0.00	0.00	0.00	250,000.00
Subtotals:			545,000.00		76000				0.00	0.00	0.00	545,000.00
Report Totals:			4,989,225.70		5987900				29,042.13	367,865.45	2,729,577.03	2,259,648.67

* signifies multifunded item

FORM 990

GAIN (LOSS) FROM SALE OF OTHER ASSETS

STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
LATERAL FILE CABINETS	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	582.	0.	582.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
2 LATERAL FILES	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	800.	0.	800.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
HP OMNIBOOK 4150 W/ 98 F1640WT 14.1 TFT SCRIN 64MB	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	3,575.	0.	3,575.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
OVERHEAD PROJECTOR	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	717.	0.	717.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
DELL COMPUTER	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,561.	0.	1,561.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
IBM THINKPAD R32	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,642.	0.	1,341.	<301.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
IBM THINKPAD R32	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,642.	0.	1,341.	<301.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
MUSTANG FLOOR MACHINE 20" 1HP W/ PAD DRIVER	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,374.	0.	1,099.	<275.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
LEARNING CENTER SINGLE HW-KID	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	2,747.	0.	1,877.	<870.>

THE AGRICULTURAL AND LABOR PROGRAM, INC.

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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
HPCPQ D530 CMT 8/2.8 40GB 512 XPP W/17" MONITOR	VARIOUS	VARIOUS	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,722.	0.	1,061.	<661.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
IBM TP R32 8/2.8 20GB DVD XPP W/ACCESSORIES	VARIOUS	VARIOUS	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,400.	0.	864.	<536.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
IBM TP R32 8/2.8 20GB DVD XPP W/ACCESSORIES	VARIOUS	VARIOUS	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,400.	0.	864.	<536.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
HATCH EARLY CHILDHOOD COMPUTER LEARNING CENTER	VARIOUS	VARIOUS	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	3,880.	0.	1,940.	<1,940.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
HATCH EARLY CHILDHOOD COMPUTER LEARNING CENTER	VARIOUS	VARIOUS	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	3,880.	0.	1,940.	<1,940.>

THE AGRICULTURAL AND LABOR PROGRAM, INC.

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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
2108HP SWEEPER	VARIOUS	VARIOUS	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,875.	0.	1,875.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
COMPUTER HP-109031 VECTRA VEX P120 1.0GB 8MB PCI	VARIOUS	VARIOUS	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	2,104.	0.	2,104.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
CANNON LASER 9000 FAX	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,954.	0.	1,954.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
HP LASERJET 4000 PRINTER	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,163.	0.	1,163.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
HP NET SERVER LHII DUAL PENT II 266MHZ PROCESSORS	VARIOUS	VARIOUS	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	11,711.	0.	11,711.	0.

THE AGRICULTURAL AND LABOR PROGRAM, INC.

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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
IMPROMPTU 5.0 SINGLE USER SOFTWARE	VARIOUS	VARIOUS	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	651.	0.	651.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
COMPAQ DESKPRO EP 6350X/4300 64MB & V55 15"MONITOR	VARIOUS	VARIOUS	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,504.	0.	1,504.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
COMPAQ DESKPRO EP 6350X/4300 64MB & V55 15"MONITOR	VARIOUS	VARIOUS	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,504.	0.	1,504.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
COMPAQ PRESARIO 52 & COMPAQ MV-500 15IN HP DESKJET	VARIOUS	VARIOUS	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,203.	0.	1,203.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
COMPAQ DESKPRO EN CMT PIII/733/815E 10GB	VARIOUS	VARIOUS	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,492.	0.	1,492.	0.

THE AGRICULTURAL AND LABOR PROGRAM, INC.

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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
COMPAQ DESKPRO EN CMT PIII/733/815E 10GB	VARIOUS	VARIOUS	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,107.	0.	1,107.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
CANON CFXL3500 FAX MACHINE	VARIOUS	VARIOUS	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	820.	0.	793.	<27.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
PROJECTOR EKGAGRAPH III SLIDE	VARIOUS	VARIOUS	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	777.	0.	725.	<52.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
CPQ EVO D310 MICROTOWER	VARIOUS	VARIOUS	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,170.	0.	858.	<312.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
TUNNEL CLIMBER/PRIVATE CORNER DS	VARIOUS	VARIOUS	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	595.	0.	595.	0.
TO FM 990, PART I, LN 8		56,552.	0.	48,801.	<7,751.>

FORM 990

OTHER EXPENSES

STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BOARD EXPENSES	1,170,239.	1,094,402.	75,837.	
ADVERTISING	8,693.	5,233.	3,460.	
CONTRACTUAL SERVICES	98,546.	79,693.	18,853.	
DUES & SUBSCRIPTIONS	11,528.	7,144.	4,384.	
MISCELLANEOUS SMALL TOOLS	1,589.	1,515.	74.	
INSURANCE	198,638.	172,315.	26,323.	
FOOD	250,428.	250,315.	113.	
DAYCARE	1,017,641.	1,017,641.		
LICENSES & FEES	28,275.	16,900.	11,375.	
UTILITIES	182,430.	164,136.	18,294.	
OTHER	100,714.	93,931.	6,783.	
AUTO EXPENSE	48,490.	45,106.	3,384.	
PROFESSIONAL FEES	147,275.	83,038.	64,237.	
TOTAL TO FM 990, LN 43	3,264,486.	3,031,369.	233,117.	

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25A

STATEMENT 3

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
NORRIS ANN ROLAND	61,922.	6,113.		68,035.
A. PROGRAM SERVICES	61,922.	6,113.		68,035.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DELORIS JOHNSON	123,825.	9,840.		133,665.
A. PROGRAM SERVICES	123,825.	9,840.		133,665.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				201,700.
TOTAL MANAGEMENT AND GENERAL				
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				201,700.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	4
	PART III		

EXPLANATION

THE AGRICULTURAL AND LABOR PROGRAM, INC. ("ALPI") IS A NON-PROFIT CORPORATION ORGANIZED TO PROVIDE ASSISTANCE AND SERVICES TO MIGRANT AND SEASONAL FARM WORKERS, THE RURAL POOR, AND DISENFRANCHISED PERSONS LOCATED IN 27 COUNTIES, PRINCIPALLY IN SOUTHERN AND CENTRAL FLORIDA. ALPI IS A DIRECT DESCENDENT OF THE AGRICULTURAL AND LABOR PROJECT, ESTABLISHED IN 1968 BY THE COCA-COLA COMPANY TO IMPROVE THE QUALITY OF LIFE FOR FARMWORKERS IN THEIR FLORIDA CITRUS OPERATIONS. TODAY, ALPI SERVES THE TOTAL SPECTRUM OF SOCIALLY AND ECONOMICALLY DISADVANTAGED CHILDREN AND

FAMILIES THROUGHOUT FLORIDA. ALPI'S MISSION IS TO PROPOSE, IMPLEMENT, AND ADVOCATE DEVELOPMENTAL AND HUMAN SERVICE DELIVERY PROGRAMS FOR THE SOCIALLY AND ECONOMICALLY DISADVANTAGED; CHILDREN AND FAMILIES; AND FARMWORKERS. ALPI OPERATES AS THE CENTRAL AGENCY FOR SUBSIDIZED CHILD CARE SERVICES THAT PROVIDES CHILD CARE FOR AS MANY AS 4,500 CHILDREN PER YEAR. ALPI ALSO SERVES AS THE GRANTEE AGENCY FOR HEAD START SERVICES IN ST. LUCIE COUNTY. ALL OF ALPI DIRECTLY-OPERATED CHILD CARE AND HEAD START CENTERS ARE NAEYC ACCREDITED, STATE LICENSED, AND CHILD AND ADULT CARE FOOD PROGRAM (CACFP) CERTIFIED. SPECIAL AWARDS AND RECOGNITION THROUGHOUT THE YEARS INCLUDE THE GOLD SEAL OF EXCELLENCE FROM THE FLORIDA DEPT. OF CHILDREN AND FAMILIES, AS WELL AS SPECIAL RECOGNITION FROM UNITED WAY FOR THE ALPI HEAD START PROGRAM, WHICH FEATURED HEAD START CHILDREN IN THE LOCAL UNITED WAY CAMPAIGN VIDEO. THE PROGRAMS AND SERVICES OFFERED TO THE COMMUNITY ARE DIVERSE IN THAT SERVICES ARE PROVIDED TO FARM WORKERS, LOW INCOME INDIVIDUALS AND THEIR FAMILIES, HANDICAPPED WORKERS, AND YOUTH. SOME OF THE SERVICES PROVIDED ARE EMERGENCY SERVICES, HOUSING, TRANSPORTATION, VOCATIONAL TRAINING, GED, ESOL, LITERACY, AND OTHER SUPPORT SERVICES. THE DEPARTMENT ALSO SERVES AS A CLEARINGHOUSE FOR NATURAL DISASTERS THAT MAY AFFECT FARM WORKERS. SERVICES ARE PROVIDED DIRECTLY THROUGH A VOLUNTEER SERVICE NETWORK MADE UP OF 40 NETWORK PARTNERS OF DIVERSE COMMUNITY AGENCIES STATE-WIDE THAT ASSIST IN THE DELIVERY OF EMERGENCY SERVICES TO FARM WORKERS AND INCOME ELIGIBLE INDIVIDUALS AND FAMILIES. ADDITIONALLY, THERE ARE 26 SITES IN AN 8 COUNTY AREA THAT ASSIST DIRECTLY WITH ENERGY PROGRAMS. A VAST NETWORK HAS BEEN ESTABLISHED OVER THE YEARS, WHICH IS COMPRISED OF AGENCIES, CHURCHES, ORGANIZATIONS, AND PRIVATE GROUPS AND/OR INDIVIDUALS WHEREBY SOME PROVIDE DIRECT FINANCIAL ASSISTANCE AND OTHERS DISTRIBUTE APPLICATIONS FOR SERVICES. PARTNERSHIPS AND COLLABORATIVE EFFORTS BETWEEN ALPI AND THE COMMUNITIES SERVED ARE CRITICAL TO THE SUCCESS OF SERVICE DELIVERY.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 5
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
GRACE MILLER P.O. BOX 617023 ORLANDO, FL 32861	BOARD MEMBER 4.00	0.	0.	0.
JOSEPHINE HOWARD 2711 ORCHID DRIVE HAINES CITY, FL 33844	SECRETARY 4.00	0.	0.	0.
MARVA HAWKINS P.O. BOX 492 SANFORD, FL 32772	BOARD MEMBER 4.00	0.	0.	0.
MARJORIE GASKIN 2010 AVENUE O FT PIERCE, FL 34950	BOARD MEMBER 4.00	0.	0.	0.
ARABELL WIGGINS 2303 9TH COURT, N.E. WINTER HAVEN, FL 33881	BOARD MEMBER 4.00	0.	0.	0.
WILLIAM HOLT 4129 57TH AVENUE VERO BEACH, FL 32967	CHAIRPERSON 4.00	0.	0.	0.
LESTER ROBERTS 1002 S. WALDRON AVENUE AVON PARK, FL 33825	BOARD MEMBER 4.00	0.	0.	0.
CHRISTINE SAMUEL 7205 SUMMIT PLACE WINTER HAVEN, FL 33844	TREASURER 4.00	0.	0.	0.
VERNON MCQUEEN P.O. BOX 1027 SANFORD, FL 32771	BOARD MEMBER 4.00	0.	0.	0.
KERRY SKURTU 614 S. 12TH STREET FT PIERCE, FL 34950	BOARD MEMBER 4.00	0.	0.	0.
DAVID WALKER P.O. BOX 1829 STUART, FL 34995	VICE CHAIRPERSON 4.00	0.	0.	0.

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MARK THOMAS 1416 LEIGHTON AVENUE LAKELAND, FL 33803	PARLIAMENTARIAN 4.00	0.	0.	0.
KATIE CLARKE 37 BANNEKER LANE FROSTPROOF, FL 33843	BOARD MEMBER 4.00	0.	0.	0.
CHESTER MCNORTON 644 MAGNOLIA AVENUE DAYTONA BEACH, FL 32114	BOARD MEMBER 4.00	0.	0.	0.
PATRICIA GAMBLE P.O. BOX 90942 LAKELAND, FL 33805	BOARD MEMBER 4.00	0.	0.	0.
SOPHIA HARRIS 1875 SHERWOOD LAKES BLVD LAKELAND, FL 33809	BOARD MEMBER 4.00	0.	0.	0.
TERRY WELLINGTON 2951 W. SUMMERSET ROAD AVON PARK, FL 33825	BOARD MEMBER 4.00	0.	0.	0.
NORRIS ANN ROLAND 184 MALLARD ROAD LAKE ALFRED, FL 33850	BUDGET/FINANCE DIRECTOR 40.00	61,922.	6,113.	0.
DELORIS JOHNSON 3385 SAINT VINCENT TERRACE LAKELAND, FL 33813	CHIEF EXECUTIVE OFFICER 40.00	123,825.	9,840.	0.
TAKISHA JONES 8302 HIBISCUS ROAD FT PIERCE, FL 34951	BOARD MEMBER 4.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		185,747.	15,953.	0.

SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS PART III, LINE 3A	STATEMENT	6
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ALPI RECEIVES MOST OF ITS FINANCIAL ASSISTANCE FROM GOVERNMENT GRANTS. THE METHOD USED TO DETERMINE QUALIFICATION OF INDIVIDUALS & ORGANIZATIONS RECEIVING CHARITABLE DISBURSEMENTS IS CONSISTENT W/ COMPLIANCE TERMS & CONDITIONS SPECIFIED IN GRANT AGREEMENTS & SUBJECT TO AUDIT BY THE GRANTOR & ITS AGENCIES.