

Form **990****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

**2007**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

B Check if applicable:

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

Please use IRS label or print or type. See Specific Instructions.

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).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(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 organization covered by a group ruling? ☐ Yes ☒ NoI Group Exemption Number ▶ **N/A**M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).G Website: ▶ **WWW.ALPI.ORG**J Organization type (check only one) ☒ 501(c)(3) (insert no.) ☐ 4947(a)(1) or ☐ 527K 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.L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **9,605,365.****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	<b>135,054.</b>		
c	Indirect public support (not included on line 1a)	1c	<b>71,399.</b>		
d	Government contributions (grants) (not included on line 1a)	1d	<b>9,330,426.</b>		
e	Total (add lines 1a through 1d) (cash \$ <b>9,536,879.</b> noncash \$ )	1e	<b>9,536,879.</b>		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	<b>24,826.</b>		
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4	<b>2,758.</b>		
5	Dividends and interest from securities	5			
6a	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			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less: cost or other basis and sales expenses	8a		8b	<b>1,351.</b>
c	Gain or (loss) (attach schedule)	8c	<b>&lt;1,351.&gt;</b>		
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>STMT 1</b>		8d	<b>&lt;1,351.&gt;</b>
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
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			
10a	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	<b>40,902.</b>		
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	<b>9,604,014.</b>		
13	Program services (from line 44, column (B))	13	<b>8,807,307.</b>		
14	Management and general (from line 44, column (C))	14	<b>1,004,212.</b>		
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	<b>9,811,519.</b>		
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	<b>&lt;207,505.&gt;</b>		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	<b>2,617,456.</b>		
20	Other changes in net assets or fund balances (attach explanation)	20	<b>0.</b>		
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	<b>2,409,951.</b>		

**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
<b>22a</b> 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"/>				
<b>22b</b> 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"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 211,791.	211,791.	0.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0.	0.	0.	0.
<b>c</b> 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			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	26 4,186,553.	3,702,781.	483,772.	
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	27			
<b>28</b> Employee benefits not included on lines 25a - 27	28 975,110.	866,722.	108,388.	
<b>29</b> Payroll taxes	29			
<b>30</b> Professional fundraising fees	30			
<b>31</b> Accounting fees	31			
<b>32</b> Legal fees	32			
<b>33</b> Supplies	33 404,002.	379,780.	24,222.	
<b>34</b> Telephone	34 113,271.	79,705.	33,566.	
<b>35</b> Postage and shipping	35 19,534.	19,534.		
<b>36</b> Occupancy	36 216,844.	216,844.		
<b>37</b> Equipment rental and maintenance	37 96,258.	65,149.	31,109.	
<b>38</b> Printing and publications	38 12,489.	12,489.		
<b>39</b> Travel	39 94,399.	50,488.	43,911.	
<b>40</b> Conferences, conventions, and meetings	40			
<b>41</b> Interest	41 8,442.		8,442.	
<b>42</b> Depreciation, depletion, etc. (attach schedule)	42 335,316.	231,315.	104,001.	
<b>43</b> Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g <b>SEE STATEMENT 2</b>	43g 3,137,510.	2,970,709.	166,801.	
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 9,811,519.	8,807,307.	1,004,212.	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 ☒ NoIf "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. If 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 3**

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.)

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

**a FOOD AND CHILD CARE CENTER ACTIVITIES PROVIDED BY CONTRACT FROM STATE OF FLORIDA DEPT OF HEALTH AND REHABILITATIVE SERVICES. EST. ACTIVITY - 792 CHILDREN FOR FOOD & CHILD CARE ACTIVITIES.**

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

**1,224,299.**

**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 - 6,258 CLIENTS SERVED.**

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

**2,593,487.**

**c PRESCHOOL TRAINING OF CHILDREN UNDER THE HEAD START PROGRAM CONTRACTED WITH THE U.S. DEPT OF HEALTH AND HUMAN SERVICES. ESTIMATED ACTIVITY - 785 CHILDREN ENROLLED.**

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

**4,989,521.**

**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) ► 8,807,307.**

Form 990 (2007)

**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
<b>Assets</b>	45 Cash - non-interest-bearing .....	561,956.	45 1,136,851.
	46 Savings and temporary cash investments .....		46
	47 a Accounts receivable ..... 47a 77,160.		
	b Less: allowance for doubtful accounts ..... 47b	50,742.	47c 77,160.
	48 a Pledges receivable ..... 48a		
	b Less: allowance for doubtful accounts ..... 48b		48c
	49 Grants receivable .....	361,153.	49 339,986.
	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 ..... 51a		
	b Less: allowance for doubtful accounts ..... 51b		51c
	52 Inventories for sale or use .....		52
	53 Prepaid expenses and deferred charges .....	47,662.	53 49,841.
	54 a Investments - publicly-traded securities ..... <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments - other securities ..... <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55 a Investments - land, buildings, and equipment: basis ..... 55a			
b Less: accumulated depreciation ..... 55b		55c	
56 Investments - other .....		56	
57 a Land, buildings, and equipment: basis ..... 57a 4,878,419.			
b Less: accumulated depreciation ..... 57b 2,898,090.	2,259,648.	57c 1,980,329.	
58 Other assets, including program-related investments (describe ► <b>REFUNDABLE DEPOSITS</b> )	11,491.	58 11,491.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	3,292,652.	59 3,595,658.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	407,596.	60 629,260.
	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 .....	125,812.	64b 88,103.
	65 Other liabilities (describe ► <b>REFUNDABLE ADVANCES</b> )	141,788.	65 468,344.
	66 <b>Total liabilities.</b> Add lines 60 through 65	675,196.	66 1,185,707.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted .....	2,617,456.	67 2,409,951.
	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 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	2,617,456.	73 2,409,951.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	3,292,652.	74 3,595,658.





**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?	82a	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	1,054,692.	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		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 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
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	86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	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 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>			
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		0.	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		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>NONE</b>	90b	208	
b	Number of employees employed in the pay period that includes March 12, 2007			
91 a	The books are in care of <b>MS. NORRIS ANN ROLAND</b> Telephone no. <b>863-330-3491</b> Located at <b>WINTER HAVEN, FLORIDA</b> ZIP + 4 <b>33881</b>			
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 <b>N/A</b>	91b		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)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

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

a2 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					24,826.
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	2,758.	
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					<1,351.>
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER REVENUE					40,902.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		2,758.	64,377.
105 Total (add line 104, columns (B), (D), and (E))					67,135.

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).

93A 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

X No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes

X 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	----- ----- -----			
<b>Totals</b>				

**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	----- ----- -----			
<b>Totals</b>				

**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

Date

Type or print name and title

Paid  
Preparer's  
Use Only

Preparer's  
signature

Firm's name (or  
yours if  
self-employed),  
address, and  
ZIP + 4

**RSM MCGLADREY, INC.**  
**800 N. MAGNOLIA AVENUE, SUITE 1700**  
**ORLANDO, FL 32803**

Date

5/7/09

Check if  
self-  
employed

☐

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

EIN

Phone no. 407-898-2727

**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).

A corporation 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 a corporation 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](http://www.irs.gov/efile) and click on **e-file for Charities & Nonprofits**.

Type or print  File by the due date for filing your 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	
	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 corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2009**, 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, 2007**, and ending **JUN 30, 2008**

- 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. 4-2008)

- 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).

<b>Part II</b>		<b>Additional (Not Automatic) 3-Month Extension of Time.</b> 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, 2009**.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**.
- 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 NECESSARY TO PREPARE A COMPLETE AND ACCURATE 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	\$ <b>N/A</b>

**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 \_\_\_\_\_

- 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).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> 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, 2009**.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**.
- 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 NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.**

a	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	<b>Balance Due.</b> 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	\$ <b>N/A</b>

### 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 \_\_\_\_\_

**SCHEDULE A**  
(Form 990 or 990-EZ)

**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

OMB No. 1545-0047

**2007**

**Supplementary Information-(See separate instructions.)**

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

Department of the Treasury  
Internal Revenue Service

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 1 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
<u>ELIZABETH YOUNG, CHILD DEV/EHS</u>	<u>DIRECTOR</u>			
<u>240 WYNELL DR, DAVENPORT, FL 33837</u>	<u>40.00</u>	<u>78,203.</u>	<u>6,769.</u>	
<u>MARY JONES, HEAD START</u>	<u>DIRECTOR</u>			
<u>6503 LAKE LAND BLVD., FT PIERCE, FL 34</u>	<u>40.00</u>	<u>78,203.</u>	<u>5,858.</u>	
<u>JEROME GAYMAN, FRONTLINE FOR KIDS</u>	<u>DIRECTOR</u>			
<u>1124 ROSEDALE AVENUE, FT PIERCE, FL 3</u>	<u>40.00</u>	<u>54,469.</u>	<u>1,593.</u>	
<u>YVONNE PARHAM, HUMAN RESOURCES</u>	<u>DIRECTOR</u>			
<u>1203 CINNAMON WAY WEST, LAKE LAND, FL</u>	<u>40.00</u>	<u>64,773.</u>	<u>5,215.</u>	
<u>AL MILLER</u>	<u>DEPUTY DIRECTOR</u>			
<u>1213 E. CAMELLIA DRIVE, BRANDON, FL 3</u>	<u>40.00</u>	<u>67,208.</u>	<u>3,262.</u>	
Total number of other employees paid over \$50,000 ▶	<u>0</u>			

**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
<u>NONE</u>		
Total number of others receiving over \$50,000 for professional services ▶	<u>0</u>	

**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
<u>MARIA CRESPO DBA CENTURION SERVICES, LLC</u>	<u>IT ADMINISTRATION,</u>	
<u>4545 OLD COLONY RD, MULBERRY, FL 33860</u>	<u>ADVERTISING, MA</u>	<u>51,689.</u>
Total number of other contractors receiving over \$50,000 for other services ▶	<u>0</u>	

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

Yes No

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.)		1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
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? .....		2a	X
b	Lending of money or other extension of credit? .....		2b	X
c	Furnishing of goods, services, or facilities? .....		2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990		2d	X
e	Transfer of any part of its income or assets? .....		2e	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 5		3a	X
b	Did the organization have a section 403(b) annuity plan for its employees? .....		3b	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 .....		3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....		3d	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 .....		4a	X
b	Did the organization make any taxable distributions under section 4966? N/A		4b	
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		4c	
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 8 of the instructions.)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 8 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	
<b>Total</b> <b>▶</b>					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007

**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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	8,505,180.	9,956,164.	15736100.	20852497.	55,049,941.
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	84,355.	262,244.	12,185.	267,000.	625,784.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,419.	64.	44.	47.	2,574.
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	8,591,954.	10218472.	15748329.	21119544.	55,678,299.
24 Line 23 minus line 17	8,507,599.	9,956,228.	15736144.	20852544.	55,052,515.
25 Enter 1% of line 23	85,920.	102,185.	157,483.	211,195.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 1,101,050.
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 2003 through 2006 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 55,052,515.
d Add: Amounts from column (e) for lines: 18 2,574. 19 22 26d 2,574.					26e 55,049,941.
e Public support (line 26c minus line 26d total)					26f 99.9953%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
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					
(2006) (2005) (2004) (2003)					
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					
(2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21 27c N/A					27d N/A
d Add: Line 27a total and line 27b total					27e N/A
e Public support (line 27c total minus line 27d total)					27f N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27g N/A %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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
<b>29</b> 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? .....	<b>29</b>	
<b>30</b> 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? .....	<b>30</b>	
<b>31</b> 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? .....	<b>31</b>	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? .....	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? .....	<b>32d</b>	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? .....	<b>33a</b>	
<b>b</b> Admissions policies? .....	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff? .....	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance? .....	<b>33d</b>	
<b>e</b> Educational policies? .....	<b>33e</b>	
<b>f</b> Use of facilities? .....	<b>33f</b>	
<b>g</b> Athletic programs? .....	<b>33g</b>	
<b>h</b> Other extracurricular activities? .....	<b>33h</b>	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency? .....	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? .....	<b>34b</b>	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
<b>35</b> 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 .....	<b>35</b>	

Schedule A (Form 990 or 990-EZ) 2007

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	36	
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 -                      The lobbying nontaxable amount is - Not over \$500,000 ..... 20% of the amount on line 40 ..... Over \$500,000 but not over \$1,000,000 ..... \$100,000 plus 15% of the excess over \$500,000 ..... Over \$1,000,000 but not over \$1,500,000 ..... \$175,000 plus 10% of the excess over \$1,000,000 ..... Over \$1,500,000 but not over \$17,000,000 ..... \$225,000 plus 5% of the excess over \$1,500,000 ..... Over \$17,000,000 ..... \$1,000,000 .....	41	
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) 2007	(b) 2006	(c) 2005	(d) 2004	(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 14 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:

- 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 .....
- 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.) .....

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

Yes	No	Amount
		0.



**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

**2007**

Name of organization

Employer identification number

**THE AGRICULTURAL AND LABOR PROGRAM, INC.**

**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) (2007)

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	\$ 602,545.	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	\$ 2,236,343.	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	\$ 652,189.	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	\$ 5,801,392.	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: 06/30/08  
Period Ending Date: 6/30/2008

Run Date: 10/15/08  
Run Time: 9:48:14 am  
Page 1 of 26

Item#	Description	Acquired	Disposed	Acquisition	Month	GL#	LC#	DS#	DP#	Cur Month	YTD	Tot to Dt	Bk Value
<b>Status: Active</b>													
GL Code	18000	Buildings											
3	20X24 UT SHED GREY/A	10/6/95		5,345.00	60	18000	100	50	3	0.00	0.00	5,345.00	0.00
33	FOUR MODULAR UNIT	4/23/96		214,245.75	146	18000	317	50	7	1,190.25	14,283.00	173,776.50	40,469.25
53	RENOVATIONS CENTR	6/11/97		35,876.00	61	18000	100	15	3	0.00	0.00	35,876.00	0.00*
75	BLDG7301 LYNCHBUR	7/1/97		220,000.00	132	18000	100	50	7	1,222.22	14,666.64	161,333.07	58,666.93
76	BLDG FROSTPROOF CD	7/1/97		203,000.00	132	18000	302	50	7	1,127.78	13,533.36	148,866.93	54,133.07
77	BLDG GEORGE W. TRU	7/1/97		317,000.00	132	18000	309	50	7	1,761.11	21,133.32	232,466.53	84,533.47
78	BLDG LAKEVIEW PAR	7/1/97		180,000.00	132	18000	322	50	7	1,000.00	12,000.00	132,000.00	48,000.00
83	RENOVATIONS GEO. W	5/11/97		7,835.00	61	18000	309	15	3	0.00	0.00	7,835.00	0.00
138	FLOORING FROSTPROC	11/26/97		9,006.06	64	18000	302	15	3	0.00	0.00	9,006.06	0.00
139	ELECTRICAL REPAIRS	2/6/98		3,807.20	125	18000	302	15	7	21.15	233.80	2,643.75	1,163.45
140	CEILING TILE & INSUL	2/19/98		3,595.00	124	18000	302	15	7	19.97	239.64	2,476.28	1,118.72
204	GARDEN TERRACE HE	1/3/00		369,529.19	102	18000	324	50	7	2,052.94	24,635.28	209,399.88	160,129.31
328	FRANCINA DUVAL BU	7/1/92		80,000.00	180	18000	318	50	7	0.00	0.80	80,000.00	0.00
330	MODULAR PIERSON #1	7/1/98		50,000.00	120	18000	323	50	7	277.78	3,333.36	33,333.60	16,666.40
341	FRANCINA DUVAL RE	6/30/00		38,667.50	96	18000	318	15	7	214.82	2,577.84	20,622.72	18,044.78
344	SHUTTERS G W TRUIT	8/3/00		2,168.00	61	18000	309	15	3	0.00	0.00	2,168.00	0.00
345	WINDOW ADDITION G	8/31/00		4,950.00	95	18000	324	15	7	27.50	330.00	2,612.50	2,337.50
364	RENOVATIONS FRANC	11/15/00		9,555.40	92	18000	318	15	7	53.09	637.08	4,884.28	4,671.12
470	RAMPS & WALK COVE	1/3/03		7,789.00	66	18000	317	15	7	43.27	519.24	2,855.82	4,933.18
522	RENOVATIONS GW TR	6/30/03		416,186.91	61	18000	309	15	7	2,312.15	27,745.80	141,041.15	275,145.76*
534	GW TRUITT RENOVATI	10/29/03		18,823.24	57	18000	309	15	7	104.57	1,254.84	5,960.49	12,862.75
560	LANDSCAPING GW TR	4/10/04		2,934.31	51	18000	309	10	3	48.91	586.92	2,494.41	439.90
561	REPAIR MAIN SEWER I	5/2/04		7,640.00	50	18000	309	52	3	127.33	1,527.96	6,366.50	1,273.50
642	ROOF REPLACEMENT I	3/16/05		68,860.00	39	18000	302	15	7	382.56	4,590.72	14,919.84	53,940.16
643	ROOF REPLACEMENT \	6/30/05		19,275.00	36	18000	100	15	7	107.08	1,284.96	3,854.88	15,420.12
644	ROOF REPLACEMENT C	5/19/05		39,747.00	37	18000	309	15	7	220.82	2,649.84	8,170.34	31,576.66
646	ROOF REPLACEMENT I	5/19/05		7,800.00	37	18000	318	15	7	43.33	519.96	1,603.21	6,196.79
658	2 side Hand Rails at Winte	10/31/06		3,740.00	21	18000	100	15	3	62.33	747.96	1,308.93	2,431.07

# Fixed Asset Listing and Depreciation Schedule

The Agricultural & Labor Program, Inc.

Depreciation Period: 06/30/08  
Period Ending Date: 6/30/2008

Run Date: 10/15/08  
Run Time: 9:48:14 am  
Page 2 of 26

Item#	Description	Acquired	Disposed	Month	GL#	LC#	DS#	DP#	Cur Month	YTD	Tot to Dt	Bk Value
Status: Active												
Subtotals:												
GL Code	18100	Furniture & Fixtures										
12	OFFICE FURNITURE H/	6/28/96					5	3	0.00	0.00	2,820.00	0.00
13	STORAGE FILING SYS	6/28/96					5	3	0.00	0.00	7,771.50	0.00
23	TABLE FOR UNDER CO	6/27/96					20	3	0.00	0.00	650.00	0.00
24	UNIVERSAL WORK TA	6/27/96					20	3	0.00	0.00	760.00	0.00
27	DISPLAY CASE @ H/S A	6/28/96					5	3	0.00	0.00	1,630.40	0.00
30	LATERAL FILE #1423	9/18/95					5	3	0.00	0.00	1,202.00	0.00
54	CHAIN LINK FENCE 2	11/18/96					18	3	0.00	0.00	1,982.00	0.00
55	GALA VANIZED STOVE	2/14/97					7	3	0.00	0.00	3,341.00	0.00
89	WORKTABLE 6SLS-24 C	5/5/98					20	3	0.00	0.00	599.00	0.00
97	WORKTABLE GWT KI	5/5/98					20	3	0.00	0.00	1,865.00	0.00
98	WALL SHELVES GWT K	5/5/98					2	3	0.00	0.00	1,344.00	0.00
122	FENCE - FROSTPROOF	7/16/97					18	3	0.00	0.00	4,892.93	0.00
130	LA-Z-BOY EXECUTIVE	2/5/98					1	3	0.00	0.00	565.00	0.00
131	HUTCH & BOOKCASE	2/5/98					1	3	0.00	0.00	899.00	0.00
141	DESK	11/25/97					1	3	0.00	0.00	1,256.40	0.00
142	CREDENSA	11/25/97					1	3	0.00	0.00	1,098.80	0.00
143	HUTCH	11/25/97					1	3	0.00	0.00	752.80	0.00
144	EXHAUST HOOD & FI	3/25/98					9	7	29.89	358.68	3,676.47	1,704.53
162	5 TIER SHELF	9/30/97					1	3	0.00	0.00	529.00	0.00
163	5 DRAWER LATERAL F	9/30/97					5	3	0.00	0.00	739.00	0.00
215	FENCE - GW TRUITT	12/17/99					18	3	0.00	0.00	1,166.00	0.00
227	CHANGING TABLE	5/4/00					20	3	0.00	0.00	595.00	0.00
342	LIGHTNING PROTECTI	7/12/00					15	3	0.00	0.00	4,399.00	0.00
343	FIRELITE MEC24 MCB2	7/7/00					10	3	0.00	0.00	1,149.00	0.00
348	GREEN ENTERTAINME	8/4/00					1	3	0.00	0.00	987.00	0.00
380	LATERAL FILE 5 DWR	3/14/01					5	3	0.00	0.00	609.75	0.00*

## Fixed Asset Listing and Depreciation Schedule

The Agricultural & Labor Program, Inc.

Run Date: 10/15/08  
Run Time: 9:48:14 am  
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Depreciation Period: 06/30/08  
Period Ending Date: 6/30/2008

Item#	Description	Acquired	Disposed	Acquisition	Month	GL#	LC#	DS#	DF#	Cur Month	YTD	Tot to Dt	Bk Value
<b>Status: Active</b>													
381	DESK SINGLE PEDISTA	3/17/01		696.00	60	18100	310	1	3	0.00	0.00	696.00	0.00*
382	LATERAL FILE 5DW W	3/14/01		609.75	61	18100	310	5	3	0.00	0.00	609.75	0.00*
383	LATERAL FILE 5DWR, 1	3/14/01		609.75	61	18100	310	5	3	0.00	0.00	609.75	0.00*
385	LATERAL FILE CABIN	3/14/01		549.00	60	18100	100	5	3	0.00	0.00	549.00	0.00
389	HUTCH FOR DESK	4/5/01		528.00	60	18100	310	1	3	0.00	0.00	528.00	0.00*
390	HON LATERAL FILE 4	4/11/01		549.00	60	18100	100	5	3	0.00	0.00	549.00	0.00
397	SINGLE PEDISTAL DES	5/23/01		624.00	60	18100	310	1	3	0.00	0.00	624.00	0.00
415	2 FILE UNITS - CCR	8/15/01		3,590.00	60	18100	310	5	3	0.00	0.00	3,590.00	0.00
420	3 WORKSTATIONS LIN	11/19/01		5,552.29	60	18100	311	1	3	0.00	0.00	5,552.29	0.00
430	2 WORKSTATIONS GAR	2/22/02		2,104.70	60	18100	324	1	3	0.00	0.00	2,104.70	0.00
461	RECEPTION STATION	9/11/02		1,010.00	60	18100	100	1	3	0.00	33.86	1,010.00	0.00
484	EXEC CHAIR NAVY	4/30/03		956.00	60	18100	100	53	3	0.00	143.57	956.00	0.00
485	DESK, HUTCH MAHOG	4/30/03		2,402.00	60	18100	100	1	3	0.00	360.47	2,402.00	0.00
486	BLUE SIDE CHAIR EXE	4/30/03		541.00	60	18100	100	53	3	0.00	80.98	541.00	0.00
487	CONFERENCE TABLE E	4/2/03		736.00	60	18100	310	20	3	0.00	110.23	736.00	0.00
517	WORKSTATIONS BAY J	6/30/03		3,394.00	60	18100	310	1	3	0.00	622.07	3,394.00	0.00
538	HON STACK ON STORA	10/24/03		799.00	57	18100	309	5	3	13.32	159.84	759.24	39.76
539	HON 5 SHELF BOOKCA	10/24/03		559.00	57	18100	309	2	3	9.32	111.84	531.24	27.76
563	FENCING VILLAGE GR	6/29/04		1,822.00	49	18100	317	18	3	30.37	364.44	1,488.13	333.87
564	FENCING GARDEN TE	6/29/04		4,535.00	49	18100	324	18	3	75.58	906.96	3,703.42	831.58
568	FENCING GW TRUITT	6/8/04		15,505.00	49	18100	309	18	3	258.42	3,101.04	12,662.58	2,842.42
612	STAINLESS STEEL SIN	6/29/05		1,944.07	36	18100	312	2	3	32.40	388.80	1,166.40	777.67
621	WORKSTATION SYS F	6/30/05		10,200.00	36	18100	310	1	3	170.00	2,040.00	6,120.00	4,080.00
660	Chainlink Fence 168ft Q	7/8/07		1,686.00	12	18100	319	18	3	28.10	337.20	337.20	1,348.80
681	Hertz Furniture Sys-Free S	6/30/08		1,607.75	1	18100	327	1	3	26.80	26.80	26.80	1,580.95
<b>Subtotals:</b>				<u>112,093.89</u>		<u>923100</u>				<u>674.20</u>	<u>9,146.78</u>	<u>98,526.55</u>	<u>13,567.34</u>
GL Code	18200	Machinery and Equipment											
6	FREEZER TRUE T-72F -	1/18/96		3,970.00	61	18200	312	8	3	0.00	0.00	3,970.00	0.00



# Fixed Asset Listing and Depreciation Schedule

The Agricultural & Labor Program, Inc.

Depreciation Period: 06/30/08  
Period Ending Date: 6/30/2008

Run Date: 10/15/08  
Run Time: 9:48:14 am  
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Item#	Description	Acquired	Disposed	Acquisition	Month	GL#	LC#	DS#	DP#	Cur Month	YTD	Tot to Dt	Bk Value
Status: Active													
14	IMPERIAL GAS RANGE	6/28/96		2,650.00	60	18200	311	7	3	0.00	-0.00	2,650.00	0.00
18	HP LASER 5P	6/30/96		1,223.00	61	18200	100	4	3	0.00	0.00	1,223.00	0.00
21	FREEZER TRUE 2 DOO	6/27/96		2,775.00	60	18200	311	8	3	0.00	0.00	2,775.00	0.00
51	A/C CARRIER SYSTEM	11/6/96		4,345.00	60	18200	100	16	3	0.00	0.00	4,345.00	0.00
72	INTERCOM SYSTEM - 1	6/30/97		3,601.65	60	18200	312	22	3	0.00	0.00	3,601.65	0.00
73	INTERCOM SYSTEM LI	6/30/97		2,759.74	60	18200	311	22	3	0.00	0.00	2,759.74	0.00
74	INTERCOM SYSTEM VI	6/30/97		1,717.20	60	18200	317	22	3	0.00	0.00	1,717.20	0.00
84	DCS 60" RANGE GEO. W	5/5/98		2,695.00	60	18200	309	7	3	0.00	0.00	2,695.00	0.00
85	SOUTHBEND CONVEC	5/5/98		3,550.00	60	18200	309	7	3	0.00	0.00	3,550.00	0.00
86	UNIVERSAL 5.SLS STA	5/5/98		730.00	60	18200	309	9	3	0.00	0.00	730.00	0.00
93	97 BLUEBIRD SBCV660	6/16/98		50,325.00	60	18200	310	14	3	0.00	0.00	50,325.00	0.00
94	97 BLUEBIRD SBCV660	6/16/98		50,325.00	60	18200	310	14	3	0.00	0.00	50,325.00	0.00
104	HP LASER JET 4000 PRI	2/18/98		1,163.00	61	18200	100	4	3	0.00	0.00	1,163.00	0.00
106	A/C CARRIER AIR HANI	7/21/97		3,564.00	60	18200	302	16	3	0.00	0.00	3,564.00	0.00
107	A/C CARRIER AIR HANI	7/21/97		1,920.00	60	18200	302	16	3	0.00	0.00	1,920.00	0.00
128	FORD F150 HOT SHOT 1	1/16/98		33,306.00	60	18200	310	13	3	0.00	0.00	33,306.00	0.00
129	FORD F150 HOT SHOT 1	1/16/98		33,306.00	60	18200	310	13	3	0.00	0.00	33,306.00	0.00
170	A/C 384K-008-501 UNIT	8/17/98		2,725.00	60	18200	302	16	3	0.00	0.00	2,725.00	0.00
178	SOFTWARE ORACLE S	11/25/98		4,941.25	61	18200	310	6	3	0.00	0.00	4,941.25	0.00
206	IBM INFOPRINT 32 LAS	8/2/99		3,651.00	60	18200	310	4	3	0.00	0.00	3,651.00	0.00
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	TOUCHN'PLAY PRES	12/6/99		3,787.38	61	18200	324	3	3	0.00	0.00	3,787.38	0.00
214	3COM SUPERSTACK II :	12/13/99		985.00	60	18200	100	11	3	0.00	0.00	985.00	0.00
220	TOUCHN'PLAY COMP	2/29/00		3,695.00	61	18200	302	3	3	0.00	0.00	3,695.00	0.00
221	TOUCHN'PLAY COMP	2/29/00		3,695.00	61	18200	302	3	3	0.00	0.00	3,695.00	0.00
222	3TON AC WINTER HAV	3/2/00		1,220.00	61	18200	100	16	3	0.00	0.00	1,220.00	0.00
226	2000 NAVISTAR INTERI	4/19/00		60,734.00	61	18200	310	14	3	0.00	0.00	60,734.00	0.00
228	LENNOX AC GWTRUI	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

# Fixed Asset Listing and Depreciation Schedule

The Agricultural & Labor Program, Inc.

Depreciation Period: 06/30/08  
Period Ending Date: 6/30/2008

Run Date: 10/15/08  
Run Time: 9:48:14 am  
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Item#	Description	Acquired	Disposed	Acquisition	Month	GL#	LC#	DS#	DP#	Cur Month	YTD	Tot to Dt	Bk Value
Status: Active													
235	HP LASER JET III FINA	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 FINA	2/9/94		3,000.00	60	18200	100	4	3	0.00	0.00	3,000.00	0.00
237	PANASONIC OMNIVIS	4/7/94		549.00	60	18200	100	23	3	0.00	0.00	549.00	0.00
238	PANASONIC OMNIVIS	4/7/94		549.00	60	18200	100	23	3	0.00	0.00	549.00	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
252	GRAVELLY MOWER	1/1/94		5,500.00	60	18200	100	10	3	0.00	0.00	5,500.00	0.00
284	3COM SUPERSTACK II I	3/5/98		1,751.58	61	18200	100	11	3	0.00	0.00	1,751.58	0.00
285	3COM SUPERSTACK II I	3/5/98		1,751.58	61	18200	100	11	3	0.00	0.00	1,751.58	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 24 PASSENGE	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 P	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 EXPR	11/28/00		19,005.00	60	18200	310	13	3	0.00	0.00	19,005.00	0.00
363	LANGUAGE COMMUNI	11/30/00		2,000.00	61	18200	323	23	3	0.00	0.00	2,000.00	0.00
368	A/C GOODMAN AIR HA	1/12/01		1,500.00	60	18200	309	16	3	0.00	0.00	1,500.00	0.00
376	TOUCH N' PLAY PRES	2/15/01		3,144.75	61	18200	318	3	3	0.00	0.00	3,144.75	0.00
377	TOUCH N' PLAY PRES	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# HHE	2/19/01		950.00	61	18200	312	16	3	0.00	0.00	950.00	0.00
396	HATCH TOUCH N PLA	5/2/01		3,144.75	61	18200	324	3	3	0.00	0.00	3,144.75	0.00
418	MUSTANG HI SPD BUR	10/20/01		1,250.00	60	18200	310	10	3	0.00	0.00	1,250.00	0.00
422	DAP AUDIOMETER BA	12/3/01		606.25	60	18200	310	25	3	0.00	0.00	606.25	0.00
423	DSP AUDIOMETER BAT	12/3/01		606.25	60	18200	310	25	3	0.00	0.00	606.25	0.00
424	DSP AUDIOMETER BAT	12/3/01		606.25	60	18200	310	25	3	0.00	0.00	606.25	0.00
425	DSP AUDIOMETER BAT	12/3/01		606.25	60	18200	310	25	3	0.00	0.00	606.25	0.00
428	PROCARE SOFTWARE I	1/31/02		2,409.00	60	18200	302	6	3	0.00	0.00	2,409.00	0.00
431	A/C 5TON S.E.E.R. CONI	5/1/02		1,780.00	60	18200	309	16	3	0.00	0.00	1,780.00	0.00
433	2002 MERCURY VILLAC	6/28/02		23,801.95	60	18200	310	13	3	0.00	0.00	23,801.95	0.00
434	2002 NAVISTAR INTERI	6/28/02		65,700.00	60	18200	310	14	3	0.00	0.00	65,700.00	0.00

## Fixed Asset Listing and Depreciation Schedule

The Agricultural & Labor Program, Inc.

Depreciation Period: 06/30/08  
Period Ending Date: 6/30/2008

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Item#	Description	Acquired	Disposed	Acquisition	Month	GL#	LC#	DS#	DP#	Cur Month	YTD	Tot to Dt	Bk Value
<b>Status: Active</b>													
439	COMPAQ EVO D300 W/	6/28/02		1,952.22	60	18200	100	3	3	0.00	0.00	1,952.22	0.00
442	COMPAQ EVO D300 W/	6/28/02		1,952.22	60	18200	100	3	3	0.00	0.00	1,952.22	0.00
443	COMPAQ EVO D300 W/	6/28/02		1,952.22	60	18200	100	3	3	0.00	0.00	1,952.22	0.00
446	IBM THINKPAD R32	6/28/02		1,751.44	60	18200	310	3	3	0.00	0.00	1,751.44	0.00
447	IBM THINKPAD R32	6/28/02		1,751.44	60	18200	310	3	3	0.00	0.00	1,751.44	0.00
448	IBM THINKPAD R32	6/28/02		1,751.44	60	18200	310	3	3	0.00	0.00	1,751.44	0.00
449	IBM THINKPAD R32	6/28/02		1,817.34	60	18200	100	3	3	0.00	0.00	1,817.34	0.00
455	LAPTOP PCQ10N:EVO N	7/9/02		1,841.94	60	18200	100	3	3	0.00	0.00	1,841.94	0.00
457	CPQ EVO D300V 8/1.7 2	7/10/02		879.92	60	18200	100	3	3	0.00	0.00	879.92	0.00
462	PRINTER HP LJ 5100DT	10/31/02		2,644.94	60	18200	310	4	3	0.00	132.38	2,644.94	0.00
467	CPQ EVO D310V 9/1.8 4	1/27/03		1,386.00	60	18200	100	3	3	0.00	138.60	1,386.00	0.00
468	CPQ EVO D310V 8/1.8 4	1/23/03		925.00	60	18200	100	3	3	0.00	92.32	925.00	0.00
469	SOUND STATIONS FOR	1/15/03		1,530.00	60	18200	100	22	3	0.00	153.00	1,530.00	0.00
472	LEARNING CENTER SI	2/12/03		2,747.25	60	18200	312	3	3	0.00	320.38	2,747.25	0.00
474	CPQ EVO D310V 8/1.8 4	1/23/03		925.00	60	18200	100	3	3	0.00	92.32	925.00	0.00
475	CPQ EVO D310V 8/1.8 4	1/23/03		925.00	60	18200	100	3	3	0.00	92.32	925.00	0.00
476	CPQ EVO D310 8/1.8 40	1/28/03		950.00	60	18200	100	3	3	0.00	95.18	950.00	0.00
478	CPQ EVO D510 SFF 8/	2/3/03		1,043.90	60	18200	310	3	3	0.00	121.70	1,043.90	0.00
480	CPQ EVO D310V 8/1.8 4	2/3/03		961.43	60	18200	100	3	3	0.00	112.37	961.43	0.00
481	IBM INFORPRINT 1145 I	3/25/03		2,507.12	60	18200	100	4	3	0.00	334.04	2,507.12	0.00
493	CPQ EVO D310V 8/2.4 4	6/30/03		745.00	60	18200	100	3	3	0.00	136.42	745.00	0.00
498	CPQ EVO 310V 8/2.4 40	6/30/03		745.00	60	18200	100	3	3	0.00	136.42	745.00	0.00
504	CPQ EVO D310V 8/2.4 4	6/30/03		745.00	60	18200	100	3	3	0.00	136.42	745.00	0.00
505	CPQ EVO D310V 8/2.4 4	6/30/03		745.08	60	18200	100	3	3	0.00	136.50	745.08	0.00
506	PLANAR PL190M BLK 1	6/30/03		618.37	60	18200	310	11	3	0.00	113.18	618.37	0.00
509	IBM TP R32 8/1.8 20GB I	6/30/03		1,400.37	60	18200	310	3	3	0.00	256.71	1,400.37	0.00
511	IBM TP R32 8/1.8 20GB I	6/30/03		1,400.37	60	18200	310	3	3	0.00	256.71	1,400.37	0.00
513	XEROX PHASER 3400 I	6/4/03		672.22	60	18200	100	4	3	0.22	123.42	672.22	0.00
514	XEROX PHASER 3400N	6/4/03		702.34	60	18200	320	4	3	0.00	128.55	702.34	0.00

# Fixed Asset Listing and Depreciation Schedule

The Agricultural & Labor Program, Inc.

Depreciation Period: 06/30/08  
Period Ending Date: 6/30/2008

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Item#	Description	Acquired	Disposed	Acquisition	Month	GL#	LC#	DS#	DP#	Cur Month	YTD	Tot to Dt	Bk Value
<b>Status: Active</b>													
515	AC CONDENSER FROS	6/3/03		1,417.00	60	18200	302	16	3	0.00	259.62	1,417.00	0.00
516	FLOOR MACHINE PRE	6/30/03		5,260.00	60	18200	310	10	3	0.00	964.17	5,260.00	0.00
520	FOR AC UNITS VILLAG	6/30/03		13,063.00	60	18200	317	16	3	0.00	2,394.72	13,063.00	0.00
528	CPQ EVO D310 MICROT	11/1/02		1,170.00	60	18200	100	3	3	0.00	78.00	1,170.00	0.00
530	DIGITAL H.S. SOLUTION	6/30/03		76,500.00	60	18200	310	11	3	1,275.00	15,300.00	76,500.00	0.00
531	5 HP PUMP FROSTPRO	8/7/03		2,150.00	59	18200	302	10	3	35.83	429.96	2,113.97	36.03
532	HEADSTARTER CHILD	8/14/03		1,990.00	59	18200	302	6	3	33.17	398.04	1,957.03	32.97
533	5 TON PAYNE CONDEN	9/22/03		2,000.00	58	18200	322	16	3	33.33	399.96	1,933.14	66.86
535	APC SMART-UPS 1500 V	10/7/03		594.00	57	18200	310	11	3	9.90	118.80	564.30	29.70
536	XEROX PHASER 8200	10/14/03		2,199.00	57	18200	100	4	3	36.65	439.80	2,089.05	109.95
541	HP CPQ D220 TWR 8/2.4	11/25/03		722.90	56	18200	309	3	3	12.05	144.60	674.80	48.10
543	XEROX PHASER 3450B	11/25/03		527.56	56	18200	309	4	3	8.79	105.48	492.24	35.32
544	XEROX PHASER 3450B	11/25/03		527.56	56	18200	310	4	3	8.79	105.48	492.24	35.32
547	SIGNS WITH BRICK MA	12/16/03		7,987.50	55	18200	309	10	3	133.13	1,597.56	7,322.15	665.35
552	HATCH EARLY CHILD	1/5/04		3,879.75	54	18200	302	3	3	64.66	775.92	3,491.64	388.11
558	WHIRLPOOL DUET WA	3/25/04		1,469.99	52	18200	309	19	3	24.50	294.00	1,274.00	195.99
559	HP 3500 COLOR LASER	3/31/04		776.68	52	18200	309	4	3	12.94	155.28	672.88	103.80
562	TRIPP LITE TOWER SM	5/14/04		599.98	50	18200	100	11	3	10.00	120.00	500.00	99.98*
565	7.5 TON A/C FROSTPRO	6/2/04		3,907.35	49	18200	302	16	3	65.12	781.44	3,190.88	716.47
566	2 TON A/C FROSTPRO	6/2/04		1,333.50	49	18200	302	16	3	22.23	266.76	1,089.27	244.23
567	2 TON A/C FROSTPRO	6/2/04		1,333.50	49	18200	302	16	3	22.23	266.76	1,089.27	244.23
569	IRRIGATION SYSTEM C	6/26/04		5,975.00	49	18200	309	10	3	99.58	1,194.96	4,879.42	1,095.58*
570	5 DRWR LATERAL FIL	6/21/04		607.60	49	18200	310	5	3	10.13	121.56	496.37	111.23
571	XEROX WORKCENTRE	6/22/04		920.00	49	18200	100	26	3	15.33	183.96	751.17	168.83
574	MITSUBISHI HEAT PUM	6/30/04		6,637.00	49	18200	312	16	3	110.62	1,327.44	5,420.38	1,216.62
575	MITSUBISHI HEAT PUM	6/30/04		6,637.00	49	18200	312	16	3	110.62	1,327.44	5,420.38	1,216.62
586	COMPAQ DESKPRO EN	8/27/01		0.00	0	18200	311	3	0	0.00	0.00	0.00	0.00
587	COMPAQ DESKPRO EN	8/27/01		0.00	0	18200	311	3	0	0.00	0.00	0.00	0.00
589	COMPAQ DESKPRO EN	8/27/01		0.00	0	18200	311	3	0	0.00	0.00	0.00	0.00

# Fixed Asset Listing and Depreciation Schedule

The Agricultural & Labor Program, Inc.

Run Date: 10/15/08  
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Item#	Description	Acquired	Disposed	Acquisition	Month	GL#	LC#	DS#	DP#	Cur Month	YTD	Tot to Dt	Bk Value
<b>Status: Active</b>													
591	HATCH TOUCH N PLA	8/20/01		0.00	0	18200	317	3	0	0.00	0.00	0.00	0.00
592	HATCH TOUCH N PLA	8/20/01		0.00	0	18200	312	3	0	0.00	0.00	0.00	0.00
594	HATCH TOUCH N PLA	8/20/01		0.00	0	18200	312	3	0	0.00	0.00	0.00	0.00
595	HATCH TOUCH N PLA	8/20/01		0.00	0	18200	311	3	0	0.00	0.00	0.00	0.00
597	HATCH TOUCH N PLA	8/20/01		0.00	0	18200	312	3	0	0.00	0.00	0.00	0.00
600	HATCH TOUCH N PLA	8/20/01		0.00	0	18200	312	3	0	0.00	0.00	0.00	0.00
601	HATCH TOUCH N PLA	8/20/01		0.00	0	18200	311	3	0	0.00	0.00	0.00	0.00
602	A/C 3.5TON CARRIER C	7/30/04		1,838.00	47	18200	100	16	3	30.63	367.56	1,439.61	398.39
603	SNACK VENDING MAC	9/23/04		1,806.00	45	18200	100	27	3	30.10	361.20	1,354.50	451.50
604	BARD 2 TON AC WALL	10/22/04		3,183.00	44	18200	311	16	3	53.05	636.60	2,334.20	848.80
605	BARD 2 TON AC WALL	10/19/04		3,183.00	44	18200	311	16	3	53.05	636.60	2,334.20	848.80
607	OLYMPUS VP-1 DATA F	1/12/05		2,010.76	42	18200	100	11	3	33.51	402.12	1,407.42	603.34
608	AC SYS HILL HAVEN	3/7/05		23,085.00	40	18200	312	16	3	384.75	4,617.00	15,390.00	7,695.00
609	2006 BLUEBIRD 65 PAS	6/28/05		63,581.00	36	18200	310	14	3	1,059.68	12,716.16	38,148.48	25,432.52
610	CMA DISHWASHER U	6/29/05		3,417.70	36	18200	311	19	3	56.96	683.52	2,050.56	1,367.14
611	CMA DISHWASHER U	6/29/05		3,417.70	36	18200	309	19	3	56.96	683.52	2,050.56	1,367.14
613	BERKEL 20 QT MIXER 1	6/29/05		2,898.10	36	18200	312	9	3	48.30	579.60	1,738.80	1,159.30
614	CMA DISHWASHER U	6/29/05		3,417.70	36	18200	312	19	3	56.96	683.52	2,050.56	1,367.14
615	STAINLESS KITCHEN V	6/29/05		3,490.30	36	18200	312	9	3	58.17	698.04	2,094.12	1,396.18
616	REFRIGERATOR	6/30/05		2,239.92	36	18200	312	8	3	37.33	447.96	1,343.88	896.04
617	SINK 20X20 TABLE 72X1	6/30/05		3,677.74	36	18200	312	20	3	61.30	735.60	2,206.80	1,470.94
618	WORKTABLE 75X87	6/30/05		3,099.29	36	18200	312	20	3	51.65	619.80	1,859.40	1,239.89
622	FENCE MORNINGSIDE	6/30/05		7,425.00	36	18200	320	18	3	123.75	1,485.00	4,455.00	2,970.00
623	HATCH TOUCH AND P	6/30/05		2,002.50	36	18200	320	3	3	33.38	400.56	1,201.68	800.82
624	HATCH TOUCH AND P	6/30/05		2,002.50	36	18200	320	3	3	33.38	400.56	1,201.68	800.82
625	HATCH TOUCH AND P	6/30/05		2,002.50	36	18200	320	3	3	33.38	400.56	1,201.68	800.82
626	HATCH TOUCH AND P	6/30/05		2,002.50	36	18200	320	3	3	33.38	400.56	1,201.68	800.82
627	HATCH TOUCH AND P	6/30/05		2,002.50	36	18200	324	3	3	33.38	400.56	1,201.68	800.82
628	HATCH TOUCH AND P	6/30/05		2,002.50	36	18200	324	3	3	33.38	400.56	1,201.68	800.82

# Fixed Asset Listing and Depreciation Schedule

The Agricultural & Labor Program, Inc.

Depreciation Period: 06/30/08  
Period Ending Date: 6/30/2008

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Item#	Description	Acquired	Disposed	Acquisition	Month	GL#	LC#	DS#	DP#	Cur Month	YTD	Tot to Dt	Bk Value
Status: Active													
630	HATCH ADM COMPUTE	6/30/05		2,326.00	36	18200	320	3	3	38.77	465.24	1,395.72	930.28
632	HATCH OFFICE COMP	6/30/05		2,326.00	36	18200	311	3	3	38.77	465.24	1,395.72	930.28
634	2 MITSUBISHI DUCTLE	6/30/05		6,985.00	36	18200	312	16	3	116.42	1,397.04	4,191.12	2,793.88
635	4TON GRANDIER AC	6/30/05		3,212.00	36	18200	311	16	3	53.53	642.36	1,927.08	1,284.92
636	4 2TON BARD AC WAL	6/30/05		12,492.00	36	18200	311	16	3	208.20	2,498.40	7,495.20	4,996.80
649	AC PIERSON	9/26/05		3,200.00	33	18200	323	16	3	53.33	639.96	1,759.89	1,440.11
650	AC UNIT WINTER HAVI	12/16/05		2,200.00	31	18200	100	16	3	36.67	440.04	1,100.10	1,099.90
651	AC UNIT FROSTPROOF	1/9/06		4,534.00	29	18200	302	16	3	75.57	906.84	2,191.53	2,342.47
652	AGENCY NETWORK S	4/1/06		170,073.23	27	18200	100	3	3	2,834.55	34,014.60	76,532.85	93,540.38
655	Fence at Morningside	9/11/06		8,987.00	22	18200	320	18	3	149.78	1,797.36	3,295.16	5,691.84
656	Bard A/C Francina Duval	8/7/06		3,200.00	23	18200	318	16	3	53.33	639.96	1,226.59	1,973.41
657	Bard A/C Francina Duval	8/7/06		3,200.00	23	18200	318	16	3	53.33	639.96	1,226.59	1,973.41
659	Laptop- HP NX7400 C3/1	3/13/07		1,314.85	16	18200	100	3	3	21.91	262.92	350.56	964.29
661	Refrigerator Truet-72, 300	8/13/07		3,917.69	11	18200	319	8	3	65.29	718.19	718.19	3,199.50
662	Hatch Touch/Play Comput	11/26/07		1,942.50	8	18200	309	3	3	32.38	259.04	259.04	1,683.46
663	Hatch Touch/Play Comput	11/26/07		1,942.50	8	18200	309	3	3	32.38	259.04	259.04	1,683.46
664	Hatch Touch/Play Comput	11/26/07		1,942.50	8	18200	309	3	3	32.38	259.04	259.04	1,683.46
665	Hatch Touch/Play Comput	11/26/07		1,942.50	8	18200	309	3	3	32.38	259.04	259.04	1,683.46
666	Computer CDW HP SB X	2/5/08		1,169.05	5	18200	100	3	3	19.48	97.40	97.40	1,071.65
667	Computer CDW Mitsubi	3/6/08		1,091.00	4	18200	307	3	3	18.18	72.72	72.72	1,018.28
668	Computer CDW HP SB 6	3/11/08		1,116.99	4	18200	307	3	3	18.62	74.48	74.48	1,042.51
669	Computer CDW HP SB 6	3/11/08		1,116.98	4	18200	307	3	3	18.62	74.48	74.48	1,042.50
670	Computer CDW HP DC5	3/31/08		1,095.00	4	18200	100	3	3	18.25	73.00	73.00	1,022.00
671	Projector Mitsubishi 3000	6/30/08		1,123.75	1	18200	100	11	3	18.73	18.73	18.73	1,105.02
679	P&G Communications Av	6/30/08		1,795.00	1	18200	311	22	3	29.92	29.92	29.92	1,765.08
680	P&G Communications Av	6/30/08		1,795.00	1	18200	312	22	3	29.92	29.92	29.92	1,765.08
Subtotals:											108,452.73	894,046.15	200,905.76
GL Code 18300 Recreation Equipment											8,651.94	894,046.15	200,905.76

# Fixed Asset Listing and Depreciation Schedule

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Run Date: 10/15/08  
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Item#	Description	Acquired	Disposed	Acquisition	Month	GL#	LC#	DS#	DP#	Cur Month	YTD	Tot to Dt	Bk Value
Status: Active													
8	PLAYGROUND EQUIP -	6/28/96		10,121.00	61	18300	318	17	3	0.00	0.00	10,121.00	0.00
158	TODDLER PLAY CENT	10/8/97		594.99	60	18300	309	17	3	0.00	0.00	594.99	0.00
213	GAMETIME PLAYGRO	12/7/99		18,707.74	60	18300	324	17	3	0.00	0.00	18,707.74	0.00
346	ABC HILL N' DALE CL	8/7/00		770.70	60	18300	309	17	3	0.00	0.00	770.70	0.00
354	PICNIC TABLE & SHEL	10/9/00		4,833.00	60	18300	318	17	3	0.00	0.00	4,833.00	0.00
360	SADDLE MATE DINO	11/2/00		712.50	60	18300	318	17	3	0.00	0.00	712.50	0.00
405	WALKER ONE ACTIV	9/5/00		34,868.29	60	18300	302	17	3	0.00	0.00	34,868.29	0.00
491	PLAYGROUND EQUIP C	5/15/03		1,789.26	60	18300	324	17	3	0.00	298.26	1,789.26	0.00
518	PLAYGROUND EQUIP F	6/30/03		41,053.90	60	18300	318	17	3	0.10	7,526.63	41,053.90	0.00
519	PLAYGROUND EQUIP C	6/30/03		49,174.23	60	18300	309	17	3	0.03	9,015.30	49,174.23	0.00
553	PLAYGROUND EQUIP C	5/14/04		56,838.87	50	18300	309	17	3	947.31	11,367.72	47,365.50	9,473.37
572	PLAYGROUND EQUIP V	6/30/04		12,080.57	49	18300	317	17	3	201.34	2,416.08	9,865.66	2,214.91
573	PLAYGROUND EQUIP	6/30/04		6,801.79	49	18300	311	17	3	113.36	1,360.32	5,554.64	1,247.15
606	PARK SHELTER	12/3/04		6,263.90	43	18300	318	17	3	104.40	1,252.80	4,489.20	1,774.70
619	PLAYGROUND EQUIP	6/30/05		21,014.79	36	18300	320	17	3	350.25	4,203.00	12,609.00	8,405.79
654	Playground Equip at Morni	8/21/06		7,978.83	23	18300	320	17	3	132.98	1,595.76	3,058.54	4,920.29
672	Gametime Beat Club MS	6/20/08		1,894.98	1	18300	320	28	3	31.58	31.58	31.58	1,863.40
673	Gametime Beat Club GT	6/20/08		1,894.98	1	18300	324	28	3	31.58	31.58	31.58	1,863.40
674	Gametime Swings LP	6/20/08		3,330.98	1	18300	311	17	3	55.52	55.52	55.52	3,275.46
675	Gametime Beat Club HH	6/20/08		1,894.98	1	18300	312	28	3	31.58	31.58	31.58	1,863.40
676	Gametime Beat Club FD	6/20/08		1,894.98	1	18300	318	28	3	31.58	31.58	31.58	1,863.40
677	Landscape Structures Play	6/30/08		5,486.44	1	18300	311	17	3	91.44	91.44	91.44	5,395.00
678	Landscape Structures Play	6/30/08		5,486.44	1	18300	312	17	3	91.44	91.44	91.44	5,395.00
682	Landscape Structures Play	6/30/08		10,180.13	1	18300	319	17	3	169.67	169.67	169.67	10,010.46
Subtotals:				305,668.27	439200					2,384.16	39,570.26	246,102.54	59,565.73
GL Code	18400	Leasehold Equipment											
44	RENOVATION - FT PI	7/1/96		17,307.50	144	18400	310	52	7	96.15	1,153.80	13,845.66	3,461.84
125	WINDOW TREATMENT	12/9/97		2,910.00	60	18400	310	52	3	0.00	0.00	2,910.00	0.00

# Fixed Asset Listing and Depreciation Schedule

The Agricultural & Labor Program, Inc.

Depreciation Period: 06/30/08  
 Period Ending Date: 6/30/2008

Run Date: 10/15/08  
 Run Time: 9:48:14 am  
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Item#	Description	Acquired	Disposed	Acquisition	Month	GL#	LC#	DS#	DP#	Cur Month	YTD	Tot to Dt	Bk Value
<b>Status: Active</b>													
126	RENOVATIONS DELA W	11/11/97		14,545.00	60	18400	310	52	3	0.00	0.00	14,545.00	0.00
127	RENOVATIONS DELA W	1/12/98		10,960.00	61	18400	310	52	3	0.00	0.00	10,960.00	0.00
147	RENOVATION HILLH	6/30/98		47,128.00	120	18400	312	52	7	261.82	3,141.84	31,418.40	15,709.60
173	RENOVATION HILLH	10/10/98		11,948.36	116	18400	312	52	7	66.38	796.56	7,700.08	4,248.28
205	HANDICAP RAMP PIE	5/1/99		860.00	108	18400	323	52	5	7.17	86.04	781.53	78.47
218	HILL HAVEN RENOVAT	1/5/00		4,700.00	102	18400	312	52	7	26.11	313.32	2,663.22	2,036.78
231	FLOORING VILLAGE G	5/17/00		6,975.00	60	18400	317	15	3	0.00	0.00	6,975.00	0.00
352	SPRINKLER SYSTEM G	9/22/00		6,045.00	60	18400	324	52	3	0.00	0.00	6,045.00	0.00
370	RENOVATION BAY K D	1/30/01		8,817.00	90	18400	310	52	7	48.98	587.76	4,408.20	4,408.80
404	DELA WARE RENOVA	6/30/01		27,672.00	85	18400	310	52	7	153.73	1,844.76	13,067.05	14,604.95
409	RENOVATION HILL HA	6/30/01		28,600.00	85	18400	312	52	7	158.89	1,906.68	13,505.65	15,094.35
426	RENOVATION - LINC	12/4/01		18,824.24	79	18400	311	52	7	104.58	1,254.96	8,261.82	10,562.42
452	BUS LOOP FRANCINA I	6/28/02		68,000.00	73	18400	318	52	7	377.78	4,533.36	27,577.94	40,422.06
463	IMPROVEMENTS FRAN	10/7/02		2,200.00	69	18400	318	52	7	12.22	146.64	843.18	1,356.82
483	BAY E 720 DELA WARE	3/20/03		4,079.42	60	18400	310	52	3	0.00	543.94	4,079.42	0.00
521	TILE FLOORING BATH	6/30/03		3,500.00	61	18400	311	52	7	19.44	233.28	1,185.84	2,314.16
590	HATCH TOUCH N PLA	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	45	18400	312	52	7	59.75	717.00	2,688.75	8,066.25
638	DRAIN SYSTEM	4/28/05		9,395.00	38	18400	311	52	7	52.19	626.28	1,983.22	7,411.78
639	STORM DRAIN CULVEF	6/20/05		4,440.00	36	18400	312	52	7	24.67	296.04	888.12	3,551.88
640	NEW MORNINGSIDE R	6/30/05		58,298.05	36	18400	320	52	7	323.88	3,886.56	11,659.68	46,638.37
641	DRIVEWAY LINCOLN P	6/30/05		33,800.00	36	18400	311	52	7	187.78	2,253.36	6,760.08	27,039.92
645	ROOF REPLACEMENT I	5/19/05		19,125.00	37	18400	311	15	7	106.25	1,275.00	3,931.25	15,193.75
647	ROOF REPLACEMENT I	4/24/05		39,000.00	38	18400	312	15	7	216.67	2,600.04	8,233.46	30,766.54
653	Morningside sidewalk	7/30/06		13,446.00	24	18400	320	52	7	74.70	896.40	1,792.80	11,653.20
<b>Subtotals:</b>				<u>473,330.57</u>	<u>496800</u>					<u>2,379.14</u>	<u>29,093.62</u>	<u>208,710.35</u>	<u>264,620.22</u>
GL Code	19000	Land											
79	LAND 7301 LYNCHBUR	7/1/97		155,000.00	0	19000	100	51	0	0.00	0.00	0.00	155,000.00



## Fixed Asset Listing and Depreciation Schedule

The Agricultural & Labor Program, Inc.

Depreciation Period: 06/30/08

Period Ending Date: 6/30/2008

Run Date: 10/15/08  
Run Time: 9:48:14 am  
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Item#	Description	Acquired	Disposed	Acquisition	Month	GL#	LC#	DS#	DP#	Cur Month	YTD	Tot to Dt	Bk Value
Status: Active													
80	LAND FROSTPROOF C	7/1/97		87,000.00	0	19000	100	51	0	0.00	0.00	0.00	87,000.00
81	LAND GEO. W. TRUITT	7/1/97		53,000.00	0	19000	309	51	0	0.00	0.00	0.00	53,000.00
82	LAND LAKEVIEW PAR	7/1/97		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:				4,878,420.20		5569500				26,510.40	335,315.71	2,900,607.26	1,977,812.94

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FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT	1
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
HON 30 X 66 DESK SHELL	10/24/03	06/30/08	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	559.	0.	522.	<37.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
PHONE SYSTEM - FT PIERCE HS	06/08/97	06/30/08	PURCHASED

  

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	5,370.	0.	5,370.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
CCO AQ COMPUTER PROLIANT SERVER	07/28/97	03/14/08	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	7,439.	0.	7,439.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
NETWORK SERVER UPDATE	03/13/98	06/30/08	PURCHASED

  

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,377.	0.	1,377.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
MAYLINE LAN UNIT	07/14/97	06/30/08	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,405.	0.	1,405.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
HP-102661 COMPUTER	08/14/98	06/30/08	PURCHASED

  

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	2,034.	0.	2,034.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
HP-102661 COMPUTER	08/14/98	06/30/08	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	2,294.	0.	2,294.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
CISCO 2514 DUAL ROUTER	08/14/98	06/30/08	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,261.	0.	1,261.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
CISCO 2514 DUAL ROUTER	08/14/98	06/30/08	PURCHASED

  

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,422.	0.	1,422.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
INSTANT INTERNET BOX 100 ROUTER	08/14/98	06/30/08	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	447.	0.	447.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
INSTANT INTERNET BOX 100 ROUTER	08/14/98	06/30/08	PURCHASED

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

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
CTX SVGA PROJECTOR	10/07/98	06/30/08	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	3,095.	0.	3,095.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
COMPAQ DESKPRO	03/29/99	06/30/08	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	03/29/99	06/30/08	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
HP NETSVR E50 & MONITOR	04/26/99	06/30/08	PURCHASED

  

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	4,399.	0.	4,399.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
NORTEL INST INTERNET	04/26/99	06/30/08	PURCHASED

  

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	699.	0.	699.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
CM TOOLS CLIENT TRACKING SOFTWARE SYSTEM	05/28/99	06/30/08	PURCHASED

  

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	5,545.	0.	5,545.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
COMPAQ COMPUTER	03/15/00	06/30/08	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,375.	0.	1,375.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
2000 CHEVROLET VENTURE VAN	05/22/00	06/30/08	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	24,356.	0.	24,356.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
COMPAQ 1600 SERVER	03/12/99	06/30/08	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	8,062.	0.	8,062.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
6500 GENERATOR	05/03/95	06/30/08	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	2,740.	0.	2,740.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
EX 650 GENERATOR	05/03/95	06/30/08	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	552.	0.	552.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
SPORTSTER MODEM	06/30/96	06/30/08	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,223.	0.	1,223.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
DELL COMPUTER	03/05/98	06/30/08	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,422.	0.	1,422.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
DELL COMPUTER	03/05/98	06/30/08	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,422.	0.	1,422.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
APC SMART-UPS 1400	03/05/98	06/30/08	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	640.	0.	640.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
COMPAQ DESKPRO	03/29/99	06/30/08	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	03/29/99	06/30/08	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	03/29/99	06/30/08	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
CANON CFX-L3500 IF FAX	12/01/00	06/30/08	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	750.	0.	538.	<212.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
THINKPAD T21	02/03/01	06/30/08	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	4,018.	0.	4,018.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
COMPAQ EVO COMPUTER & MONITOR	07/05/02	06/30/08	PURCHASED

  

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	886.	0.	886.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
DELL OPTIPLEX COMPUTER & MONITOR	12/21/02	06/30/08	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,346.	0.	1,346.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
PLANAR PL190M MONITOR	05/13/03	06/30/08	PURCHASED

  

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	617.	0.	617.	0.



DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
COMPAQ EVO COMPUTER & MONITOR	06/30/03	06/30/08	PURCHASED

  

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	745.	0.	745.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
COMPAQ EVO COMPUTER & MONITOR	06/30/03	06/30/08	PURCHASED

  

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	745.	0.	745.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
DELL POWEREDGE 2600	11/01/02	06/30/08	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	18,743.	0.	18,743.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
COMPAQ EVO POCKET PC	11/01/02	06/30/08	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	2,852.	0.	2,852.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
HP CPQ D220 COMPUTER	11/25/03	12/12/07	PURCHASED

  

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	723.	0.	590.	<133.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
HATCH ADM COMPUTER	06/30/05	06/30/08	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	2,326.	0.	1,357.	<969.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
PLAYGROUND EQUIP - LINCOLN PARK - TWIN PEAKS	06/30/97	06/30/08	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	16,166.	0.	16,166.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
SCRAMBLE-N-GLIDE PLAYGROUND EQUIP	04/20/98	06/30/08	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	21,644.	0.	21,644.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
6 SEAT BUGGY GW TRUITT	08/07/97	06/30/08	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	720.	0.	720.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
SADDLE MATE ELEPHANT	11/02/00	06/30/08	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	713.	0.	713.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
TODDLER'S NEST PLAYGROUND EQUIP	06/04/01	06/30/08	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	8,000.	0.	8,000.	0.
TO FM 990, PART I, LN 8		168,156.	0.	166,805.	<1,351.>

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BOARD EXPENSES	1,693,271.	1,612,607.	80,664.	
ADVERTISING	4,125.	3,125.	1,000.	
CONTRACTUAL SERVICES	130,422.	78,462.	51,960.	
DUES & SUBSCRIPTIONS	9,636.	7,113.	2,523.	
MISCELLANEOUS SMALL TOL 3	7,090.	7,090.		
INSURANCE	216,291.	216,291.		
FOOD	324,330.	324,273.	57.	
DAYCARE	241,677.	240,364.	1,313.	
LICENSES & FEES	35,631.	24,410.	11,221.	
UTILITIES	215,417.	215,417.		
OTHER	91,863.	79,584.	12,279.	
AUTO EXPENSE	59,639.	53,855.	5,784.	
PROFESSIONAL FEES	108,118.	108,118.		
TOTAL TO FM 990, LN 43	3,137,510.	2,970,709.	166,801.	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3  
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 1963 BY THE COCA-COLA COMPANY TO IMPROVE THE QUALITY OF LIFE FOR FARM WORKERS 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 FARM WORKERS. 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.

FO 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 4

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.
WILLIAM HOLT 4129 57TH AVENUE V 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.
DAVID WALKER P.O. BOX 1829 STUART, FL 34995	VICE CHAIRPERSON 4.00	0.	0.	0.
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.

THE AGRICULTURAL AND LABOR PROGRAM, INC.

59-1634148

CHESTER MCNORTON 64 MAGNOLIA AVENUE DA JNA 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.
NANCY DALEY 450 S. RAMONA AVENUE LAKE ALFRED, FL 33850	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	64,773.	6,479.	0.
DELORIS JOHNSON 3385 SAINT VINCENT TERRACE LAKELAND, FL 33813	CHIEF EXECUTIVE OFFICER 40.00	130,584.	9,955.	0.
VALARIE HENRY P.O. BOX 2013 SANFORD, FL 32772	BOARD MEMBER 4.00	0.	0.	0.
CYNTHIA SMITH 2513 AVENUE F FT PIERCE, FL 34950	BOARD MEMBER 4.00	0.	0.	0.
RUBY WILLIX 2876 DUDLEY DRIVE BARTOW, FL 33830	BOARD MEMBER 4.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A	195,357.	16,434.	0.
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SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS	STATEMENT	5
	PART III, LINE 3A		

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.

# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

June 30, 2008

**Prepared for**

The Agricultural and Labor Program, Inc.  
P.O. Box 3126  
Winter Haven, FL 33880

**Prepared by**

RSM McGladrey, Inc.  
800 N. Magnolia Avenue, Suite 1700  
Orlando, FL 32803

**Amount due  
or refund**

No amount is due.

**Make check  
payable to**

No amount is due.

**Mail tax return  
and check (if  
applicable) to**

Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

**Return must be  
mailed on  
or before**

May 15, 2009

**Special  
Instructions**

This return should be signed and dated by the appropriate individual.

We recommend that you send the return to the taxing authorities by certified mail with a request for a return receipt. Please retain the receipt as proof of timely filing.

Please retain a copy of all tax returns for your files.

Form **990-T**Department of the Treasury  
Internal Revenue Service (77)**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))For calendar year 2007 or other tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

OMB No. 1545-0687

**2007**Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed		Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>THE AGRICULTURAL AND LABOR PROGRAM, INC.</b>		<b>D</b> Employer identification number (Employees' trust, see instructions for Block D on page 9.) <b>59-1634148</b>	
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Print or Type Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. <b>P.O. BOX 3126</b> City or town, state, and ZIP code <b>WINTER HAVEN, FL 33880</b>		<b>E</b> Unrelated business activity codes (See instructions for Block E on page 9.) <b>812900</b>	
<b>C</b> Book value of all assets at end of year <b>3,595,658.</b>		<b>F</b> Group exemption number (see instructions for Block F.) <b>&gt;</b> <b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

**H** Describe the organization's primary unrelated business activity. **> NURSERY AND LAWN CARE SERVICES**
**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No  
 If "Yes," enter the name and identifying number of the parent corporation. **>**
**J** The books are in care of **> MS. NORRIS ANN ROLAND** Telephone number **> 863-330-3491**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance <b>&gt;</b>	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)		<b>5</b>	<b>&lt;17,786.&gt; STMT #6</b>	<b>&lt;17,786.&gt;</b>
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b> Advertising income (Schedule J)		<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule.)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b>	<b>&lt;17,786.&gt;</b>	<b>&lt;17,786.&gt;</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules.)	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b>
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule)	<b>28</b>	
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	<b>0.</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	<b>&lt;17,786.&gt;</b>
<b>31</b> Net operating loss deduction (limited to the amount on line 30)	<b>31</b>	<b>0.</b>
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>	<b>&lt;17,786.&gt;</b>
<b>33</b> Specific deduction (Generally \$1,000, but see instructions for exceptions)	<b>33</b>	<b>1,000.</b>
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>	<b>&lt;17,786.&gt;</b>

723701  
02-18-08

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

Form **990-T** (2007)**COPY**



**Part III Tax Computation****35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 35c 0.

**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041) 36**37 Proxy tax.** See instructions 37**38 Alternative minimum tax** 38**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies 39 0.**Part IV Tax and Payments****40a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116) 40a**b Other credits** (see instructions) 40b**c General business credit.** Check here and indicate which forms are attached:☐ Form 3800 ☐ Form(s) (specify) 40c**d Credit for prior year minimum tax** (attach Form 8801 or 8827) 40d**e Total credits.** Add lines 40a through 40d 40e**41 Subtract line 40e from line 39** 41 0.**42 Other taxes.** Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) 42**43 Total tax.** Add lines 41 and 42 43 0.**44a Payments:** A 2006 overpayment credited to 2007 44a**b 2007 estimated tax payments** 44b**c Tax deposited with Form 8868** 44c**d Foreign organizations:** Tax paid or withheld at source (see instructions) 44d**e Backup withholding** (see instructions) 44e**f Other credits and payments:** ☐ Form 2439 ☐ Form 4136 ☐ Other Total 44f**45 Total payments.** Add lines 44a through 44f 45**46 Estimated tax penalty** (see instructions). Check if Form 2220 is attached ☐ 46**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed 47 0.**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 0.**49 Enter the amount of line 48 you want:** Credited to 2008 estimated tax Refunded 49**Part V Statements Regarding Certain Activities and Other Information** (See instructions on page 18)

- 1 At any time during the 2007 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here ☐ Yes ☒ No
- 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. ☐ Yes ☒ No
- 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ ☐ Yes ☒ No

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ☒ N/A

1 Inventory at beginning of year	1	6 Inventory at end of year	6
2 Purchases	2	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7
3 Cost of labor	3	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4a Additional section 263A costs	4a		
b Other costs (attach schedule)	4b		
5 Total. Add lines 1 through 4b	5		

**Sign Here**

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 taxpayer) is based on all information of which preparer has any knowledge.

**COPY**

Signature of officer

Date

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer's Use Only**

Preparer's signature

RSM MCGLADREY, INC.

Date

5/7/09

Check if self-employed ☐

Preparer's SSN or PTIN

P00429541

Firm's name (or yours if self-employed), address, and ZIP code

800 N. MAGNOLIA AVENUE, SUITE 1700  
ORLANDO, FL 32803

EIN 41-1944416

Phone no. 407-898-2727

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instr. on pg 20)**1** Description of property

(1)		
(2)		
(3)		
(4)		
<b>2</b> Rent received or accrued		<b>3</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

**Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**

**Total deductions.** Enter here and on page 1, Part I, line 6, column (B) **0.**

**Schedule E - Unrelated Debt-Financed Income** (See instructions on page 20)

<b>1</b> Description of debt-financed property		<b>2</b> Gross income from or allocable to debt-financed property	<b>3</b> Deductions directly connected with or allocable to debt-financed property	
			<b>(a)</b> Straight line depreciation (attach schedule)	<b>(b)</b> Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
<b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	<b>5</b> Average adjusted basis of or allocable to debt-financed property (attach schedule)	<b>6</b> Column 4 divided by column 5	<b>7</b> Gross income reportable (column 2 x column 6)	<b>8</b> Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>			0.	0.
<b>Total dividends-received deductions</b> included in column 8				0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (See instructions on page 21)

<b>1</b> Name of Controlled Organization		<b>2</b> Employer Identification Number	<b>Exempt Controlled Organizations</b>			<b>6</b> Deductions directly connected with income in column (5)
			<b>3</b> Net unrelated income (loss) (see instructions)	<b>4</b> Total of specified payments made	<b>5</b> Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
<b>Nonexempt Controlled Organizations</b>						
<b>7</b> Taxable income	<b>8</b> Net unrelated income (loss) (see instructions)	<b>9</b> Total of specified payments made	<b>10</b> Part of column 9 that is included in the controlling organization's gross income	<b>11</b> Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.		Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.	

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
 (see instructions on page 22)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
 (see instructions on page 22)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 0.

**Schedule J - Advertising Income** (see instructions on page 22)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)		Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.			Enter here and on page 1, Part II, line 27. 0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions on page 23)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 6

DESCRIPTIONAMOUNT

NET UNRELATED BUSINESS TAXABLE INCOME

&lt;17,786.&gt;

TOTAL TO FORM 990-T, PAGE 1, LINE 5

&lt;17,786.&gt;

The Agricultural and Labor Program, Inc.  
Form 990-T  
Fiscal Year: 06/30/2008  
Net Operating Loss Carryforward Summary

	<u>NOL</u>
06/30/2007	<u>(307,209)</u>
06/30/2008	<u>(17,786)</u>
Total NOL Carryforward to 6/30/09	<u><u>(324,995)</u></u>