Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 2008 Open to Public Inspection

_	roru	and ending	JUN 30, 2009	
В	Check i applica	Please use IRS	D Employer identif	ication number
[Addi	ress label or mility a CD TOTAL MIND I AND TARON DECORDAR TARO		
Ē	Nam char	e type	59-1	.634148
Ē	Initia			
	Term	in- Specific D DOY 2126		956-3491
		nded tions.	G Gross receipts \$	12,043,668.
	Appl	lca- WINTER HAVEN, FL 33885	H(a) Is this a group r	
	pend	F Name and address of principal officer:DELORIS JOHNSON	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates in	
ī	Tax-e	xempt status: X 501(c) (3		list. (see instructions)
J	Webs	ite: ► WWW.ALPI.ORG	H(c) Group exemption	· · · · · · · · · · · · · · · · · · ·
		f organization: X Corporation Trust Association Other ► L Yea		M State of legal domicile: FL
P	art I	Summary		
ø	1	Briefly describe the organization's mission or most significant activities: TO PROVID		
Activities & Governance	1	& SEASONAL FARM WORKERS, THE RURAL POOR, & DI	SENFRANCHISE	D PERSONS.
ern	2	Check this box if the organization discontinued its operations or disposed of mo	re than 25% of its asset	s.
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	18
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
ies	5	Total number of employees (Part V, line 2a)	5	275
Ęį	6	Total number of volunteers (estimate if necessary)	6	750
Ac	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)		0.
	b	Net unrelated business taxable income from Form 990-T, line 34		0.
	١.	Combridge diagnosis of the state of the stat	Prior Year	Current Year
Jue	8	Contributions and grants (Part VIII, line 1h)	9,536,879.	
Revenue	10	Program service revenue (Part VIII, line 2g)	24,826.	14,267.
æ	11	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,407.	953.
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	40,902.	32,922.
_	13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,604,014.	12,038,760.
	14		·	2,992,453.
ED.		Salaries, other compensation, employee benefits (Part IX, column (A), line 4)	5,373,454.	6,008,467.
3Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)	3,373,434.	0,000,407.
Expenses	Ь	Total fundraising expenses (Part IX, column (D), line 25)		PERSONAL TRANSPORT
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,438,065.	3,273,675.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,811,519.	12,274,595.
	19	Revenue less expenses. Subtract line 18 from line 12	<207,505.	
ces			Beginning of Year	End of Year
Net Assets Fund Balanc	20	Total assets (Part X, line 16)	3,595,658.	3,090,090.
AS B	21	Total liabilities (Part X, line 26)	1,185,707.	915,974.
캺	22	Net assets or fund balances. Subtract line 21 from line 20	2,409,951.	2,174,116.
Pa	art []	Signature Block		
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	and to the best of my knowled	ge and belief, it is true, correct,
Sig	n	Marie Johnson	7-2	9-10
Her	е	Signature of officer	Date	
		Delonis Johnson, CEO		
		Type or print name and title		
Paid	j	11.100		er's identifying number structions)
Pre	parer's	signature / 1 MO Man 19/29(10 er	nployed 🕨 💹	
	Only	yours if RSM MCGLADREY, INC.	EIN ►	
	-	self-employed), address, and OPI ANDO EL 33903		0.000 0.000
N/ -	. 41.	ZIP+4 ORLANDO, FL 32803	Phone no. ► 4	07-898-2727
ıvıa\	/ tne l	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

Form **8868** (Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

	The value of the control of the cont									
 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box										
Pai	Automatic 3-Month Extension of Time. Only submit original (no copies needed).									
A cor Part I	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and cor only		▶□							
	her corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a income tax returns.	n exten	sion of time							
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 and click on e-file for Charities & Nonprofits.										
Туре	or Name of Exempt Organization	Emp	loyer identification number							
print	THE AGRICULTURAL AND LABOR PROGRAM, INC.	5	9-1634148							
File by due dat filling you return.	Number, street, and room or suite no. If a P.O. box, see instructions.									
instruc										
Chec	k type of return to be filed(file a separate application for each return):									
	Form 990 Form 990-T (corporation) Form 4 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5 Form 990-EZ Form 990-T (trust other than above) Form 6 Form 990-PF Form 1041-A Form 8	227 069								
	MS. NORRIS ANN ROLAND e books are in the care of P.O. BOX 3126 ~ WINTER HAVEN, FL 33881									
• Ift	he organization does not have an office or place of business in the United States, check this box his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). If the lift is for part of the group, check this box and attach a list with the names and EINs of all	is is fo	r the whole group, check this							
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: □ calendar year or □ X tax year beginning JUL 1, 2008 , and ending JUN 30, 2009 .										
2	If this tax year is for less than 12 months, check reason: Initial return Final return		Change in accounting period							
За	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	0-	4							
b	nonrefundable credits. See instructions. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	3a	\$							
	tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$							
С	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).									
	See instructions. 3c \$ N/A									
Cauti	on. 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.							

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 886	68 (Rev. 4-2009)		Page 2							
• If you	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this be	nx								
	nly complete Part II if you have already been granted an automatic 3-month extension on a previously filed									
If you	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).		0000.							
Part I		opies	needed).							
-	Name of Exempt Organization	<u> </u>	loyer identification number							
Type or										
THE AGRICULTURAL AND LABOR PROGRAM, INC. 59-1634148										
File by the extended due date fo	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 3126	For I	RS use only							
filing the return. See instructions										
Check to	ype of return to be filed (File a separate application for each return):		SHIPPING TO SHOULD SAVE							
X Fo	orm 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A [orm 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	= 1	orm 5227 Form 8870							
STOP! D	o not complete Part II if you were not already granted an automatic 3-month extension on a previou	sly file	ed Form 8868.							
	MS. NORRIS ANN ROLAND									
• The b	ooks are in the care of ▶ P.O. BOX 3126 - WINTER HAVEN, FL 33881									
	hone No. ▶ 863-330-3491 FAX No. ▶									
•	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	s is fo	r 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									
4 re	equest an additional 3-month extension of time until MAY 15, 2010		ore the extension to for.							
		JUN	30, 2009							
	his tax year is for less than 12 months, check reason: Initial return Final return		Change in accounting period							
	ate in detail why you need the extension		change in accounting period							
	DDITIONAL TIME IS NEEDED TO ACCURATELY PREPARE THE TA	ΧR	ETURN.							
8a If ti	his application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any									
	nrefundable credits. See instructions.	8a	\$							
b If ti	his application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	10.72								
tax	payments made. Include any prior year overpayment allowed as a credit and any amount paid									
	eviously with Form 8868.	8b	\$							
c Ba	lance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit									
	h FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A							
	Signature and Verification									
Under pen it is true, c	nalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the correct, and complete, and that I am authorized to prepare this form.	best o	f my knowledge and belief,							
Signature	Title >	Date								
		Date	Form 8868 (Rev. 4-2000)							

	n 990 (2008) THE AGRICULTURAL AND LABOR PROGRAM, INC. 59-1634148 Page 2 int III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission:
•	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.
2	Did the organization undertake any significant program services during the year which were not listed on
_	the miles Ferman 200 200 F72
	If "Yes", describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
-	If "Yes", describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	and the state of t
4a	(Code:) (Expenses \$ 1,557,265 • including grants of \$) (Revenue \$ 27,878 •)
	FOOD AND CHILD CARE CENTER ACTIVITIES PROVIDED BY CONTRACT FROM STATE
	OF FLORIDA DEPT OF HEALTH AND REHABILITATIVE SERVICES. ESTIMATED
	ACTIVITY - 787 CHILDREN FOR FOOD & CHILD CARE ACTIVITIES.
4b	(Code:) (Expenses \$ 4,358,706 · including grants of \$ 2,992,453 ·) (Revenue \$
	EMERGENCY ASSISTANCE PROGRAMS INCLUDING ENERGY, USDA RURAL DEVELOPMENT,
	AND FARM WORKER PROGRAMS UNDER CONTRACT FROM THE STATE OF FLORIDA
	DEPARTMENT OF EDUCATION. ESTIMATED ACTIVITY - 7,526 CLIENTS SERVED.
4c	(Code:) (Expenses \$ 5,249,358 • including grants of \$) (Revenue \$)
70	(Code:) (Expenses \$ 5,249,358 • including grants of \$) (Revenue \$) 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.
	, os on the same and the same a
4d	Other program services. (Describe in Schedule O.)
10	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses \$ 11,165,329. (Must equal Part IX. Line 25, column (R))

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
. 2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	1	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -			
4	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
46	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			•••
17	located outside the United States? If "Yes," complete Schedule F, Part III	16		X_
18	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
19	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	- 37
20	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
21	Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20	v	Х
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes, "complete Schedule I, Parts I and III	21	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	22	^	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	240		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		х

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		Х
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		Х
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36]	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х

Form **990** (2008)

Form 990 (2008) THE AGRICULTURAL AND LABOR PROGRAM,
Part V Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1066, Annual Summary and Transmittal of U.S. Information Fletums. Enter of In rich applicable □ City the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamishing) winnings to prize winners? □ Enter the number of Engloyees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return □ Law and the state of the calendar year ending with or within the year covered by this return □ Law and a law and a signester than 250, you may be required to e-fet in return, see instructions) □ Law and a law and a signester than 250, you may be required to e-fet in return, see instructions) □ Law and a law and a signester than 250, you may be required to e-fet in return, see instructions) □ Law and a law and a signester than 250, you may be required to e-fet in return, see instructions) □ Law and 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) □ Law and 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) □ Law and 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) □ Law and the calendar year, and the organization and filing requirements for Form TD F 90 22.1, Report of Foreign Bank and Financial Accounts. □ Law and the calendar year, and the filing requirements for Form TD F 90 22.1, Report of Foreign Bank and Financial Accounts. □ Law and the filing requirements for Form TD F 90 22.1, Report of Foreign Bank and Financial Accounts. □ Law and the filing require				Yes	No				
b Enter the number of Forms W-26 included in line 1a. Enter-O-If not applicable	1a								
b lid the organization comply with backup withholding use for reportable payments to vendors and reportable gaming (gambling) winnings to price winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 3a 275 b If at least one is reported on the 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Idt the organization have unrelated business organization file all required federal employment tax returns? 2b If Yes, 'has it filed a Form 990-1 for this year? If 'No.', provide an explanation in Schedule O 4a At any time during the calendary 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) and the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction? 5b X 5c If Yes,'' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transactions or or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transactions that may receive deductible contributions under section 170(c). 5c If Yes,'' to did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c If Yes,'' did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 5c If Yes,'' did the organization include with every solicitation and support of which it was required to file		U.S. Information Returns. Enter 0 if not applicable 1a 244		Enis.					
gambling) winnings to prize winners? a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return. b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return, See instructions) 3b Icl the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3c If 1/*es, **In filled a Form 990-Tro this year? If **No* provide an explanation in Schedule O 4c 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)? 4c 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)? 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account, and filing requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial Accounts. 5c Was the organization as party to a prohibited tax shelter transaction? 5c Was the organization as party to a prohibited tax shelter transaction? 5c Was the organization specific any outly the organization file form 8886T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6c Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 70(c	D								
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	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "ves" response to lines 2-7 to below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule (0. See instructions. 1a. Enter the number of voting members of the governing body 1b. Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee as a family relationship or a business relationship with any other officer, director, trustee, or key employees to a menagement duries customany performed by or under the direct supervision of officers, directors or trustees, or key employees to a menagement company or other person? 3 July 1b. Did the organization become aware during the year of a material diversion of the organizations make any significant changes to its organizational documents since the prior Form 950 was filed? 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Dose the organization have members or stockholders? 7 Dose the organization have members, stockholders, or other persons who may elect one or more members of the governing body aubject to approval by members, stockholders, or other persons? 7 Dose the organization have members, stockholders, or other persons? 8 Did the organization have members, stockholders, or other persons? 9 Dose the organization have incorrect any stockholders, or other persons? 1b. An any decisions of the governing body aubject to approval by members, stockholders, or other persons? 1c. An any decisions of the governing body and the meetings held or written actions undertaken during the year by the following: 2 The poverning body? 3 Dose the organization have local chapters, branches, or affiliates? 3 The governing body? 4 Did the organization have local chapters, branches, or affiliates? 5 Did the progenization was consistent with those of the organizations must describe in Schedule O the properties of the progenization state of the poverning body? 1b. If Yes, 'not force, director or trust	Sec	ction A. Governing Body and Management					
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 List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► MS • NORRIS ANN ROLAND - 863-330-3491 		exempt status with respect to such arrangements?			16b		
 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MS NORRIS ANN ROLAND - 863-330-3491 	Sect	ion C. Disclosure		ř.			
public inspection. Indicate how you make these available. Check all that apply. X Own website	17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
public inspection. Indicate how you make these available. Check all that apply. X Own website	18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only) availab	e for		
 X Own website		public inspection. Indicate how you make these available. Check all that apply.		,			
 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MS • NORRIS ANN ROLAND - 863-330-3491 							
statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MS. NORRIS ANN ROLAND - 863-330-3491	19		affict of int	erest notice	and fine	ncial	
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MS. NORRIS ANN ROLAND - 863-330-3491			mac or in	erest policy,	anu iinai	icidi	
MS. NORRIS ANN ROLAND - 863-330-3491	20	·	l wa e = u = t :	A 41a	_4!		
		MS. NORRIS ANN ROLAND - 863-330-3401	records (ות cne organiz	ation: 📂		
P.O. BOX 3126, WINTER HAVEN, FL 33881							

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours	160	(C) Position (check all that apply)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
	per week	Individual trustee or director		711		Highest compensated employee Former		And employee Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JOSEPHINE HOWARD												
SECRETARY	4.00	X	L	X				0.	0.	0.		
MARVA HAWKINS												
BOARD MEMBER	4.00	X						0.	0.	0 .		
MARJORIE GASKIN												
BOARD MEMBER	4.00	X	_	L.				0.	0.	0.		
WILLIAM HOLT	4 00	l										
CHAIRPERSON LESTER ROBERTS	4.00	X	L	X				0.	0.	0.		
BOARD MEMBER	4 00	١,,										
CHRISTINE SAMUEL	4.00	X	_	Ш		H		0.	0.	0.		
TREASURER	4.00	.		х								
VERNON MCQUEEN	4.00	X	-	Δ				0.	0.	0.		
BOARD MEMBER	4.00	х								0		
DAVID WALKER	4.00	12	-					0.	0.	0.		
VICE CHAIRPERSON	4.00	X		х				0.	0.	0		
MARK THOMAS	3.00	-	-					0.	0.	0.		
PARLIAMENTARIAN	4.00	x		x				0.	0.	0.		
KATIE CLARKE					\exists					0.		
BOARD MEMBER	4.00	х						0.	0.	0.		
CHESTER MCNORTON	2											
BOARD MEMBER	4.00	х						0.	0.	0.		
PATRICIA GAMBLE												
BOARD MEMBER	4.00	X						0.	0.	0.		
NANCY DALEY										***		
BOARD MEMBER	4.00	X						0.	0.	0.		
RUBY WILLIX												
BOARD MEMBER	4.00	X						0.	0.	0.		
KAY FIELDS		П								la l		
BOARD MEMBER	4.00	X						0.	0.	0.		
AL HINSON												
BOARD MEMBER	4.00	X		\perp			\Box	0.	0.	0.		
DOROTHY CURRY			- [
BOARD MEMBER	4.00	X						0.	0.	0.		

Part VII Section A. Officers, Directors, Tr		mpl	oyee			Higl	nest		ees (continued)	
(A) (B) (C) (D) (E) Name and title Average Position Reportable Reportable								(F)		
Name and title	Average hours	<u> </u>	(check all th				oly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	ndividual trustee or director	al trustee		yee	Highest compensated emolovee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization
		Individual	Institutional trustee	Officer	Key employee	Highest co	Former			and related organizations
ALICEA JACKSON	4 00	.						_	_	
BOARD MEMBER DELORIS JOHNSON	4.00	X	├	_	_			0.	0	• 0
CHIEF EXECUTIVE OFFICER	40.00			х				134,524.	0	. 0
		L.								
	a									
1b Total			Ш					134,524.	0.	0.
2 Total number of individuals (including those	in 1a) who re	ceiv	ed m	ore	thar		00,00			, , , ,
compensation from the organization									>	1
3 Did the organization list any former officer,	director or tru	stee	, key	em/	ploy	/ee,	or hi	ighest compensated em	nplovee on	Yes No
line 1a? If "Yes," complete Schedule J for s	uch individual									3 X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable 0.0002 <i>If</i> "Ves	le co	ompe male	ensa te S	tion	ano	oth	er compensation from t	he organization	4 X
5 Did any person listed on line 1a receive or a										
the organization? If "Yes," complete Schedusetion B. Independent Contractors	ule J for such _I	oers	on					A [†]		5 X
1 Complete this table for your five highest co	mpensated inc	depe	nde	nt co	ontr	acto	rs th	nat received more than S	\$100,000 of compen	sation from
the organization. NONE (A)							Т	(B)		(C)
Name and business	address						_	Description of se	ervices (Compensation
							\perp			
						0				
2 Total number of independent contractors (in from the organization	ncluding those 0	in 1) wh	o re	ceiv	ed n	nore	than \$100,000 in comp	pensation	
									100000000	Form 990 (2008)

59-1634148 Page 9 Part VIII Statement of Revenue (D) Revenue excluded from (A) (B) (C) Total revenue Related or Unrelated exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events gifts, lar am 10 d Related organizations 1d Contributions, and other simi e Government grants (contributions) 1e 11,942,574. f All other contributions, gifts, grants, and similar amounts not included above 48,044. 9 Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f 11,990,618 **Business Code** Program Service Revenue 2 a CHILD CARE FEES 624410 14,267. 14,267. All other program service revenue 14,267. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 1,518 1,518. Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other 3,000. assets other than inventory b Less: cost or other basis 3,565 and sales expenses <565. c Gain or (loss) d Net gain or (loss) <565. <565.> 8 a Gross income from fundraising events (not Other Revenue including \$ 38,156. of contributions reported on line 1c). See 20,654. Part IV, line 18 a 1,343. b Less: direct expenses _____ b 19,311. c Net income or (loss) from fundraising events 19,311. 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 13,611. 11 a OTHER REVENUE 900099 13,611. b d All other revenue e Total. Add lines 11a-11d 13,611. 12,038,760. Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 27,878. 20,264.

THE AGRICULTURAL AND LABOR PROGRAM, INC.

Form 990 (2008)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	2,517,475.	2,517,475.	Fold of Wexile	
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	474,978.	474,978.	20.00	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.			Mg 1 (1 985)	
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members			Salagi Yrjyntskie	
5	Compensation of current officers, directors,				
	trustees, and key employees	134,524.	120,170.	14,354.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,761,305.	4,253,278.	508,027.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	1,112,638.	990,599.	122,039.	
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
	Legal	29,609.	29,609.		
	Accounting	51,065.	23,981.	27,084.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17			是在1967年1月1日 11 10 10 10 10 10 10 10 10 10 10 10 10	
f	Investment management fees				
g	Other	529,560.	529,560.		
2	Advertising and promotion				
3	Office expenses	657,435.	579,676.	77,759.	
4	Information technology				
5	Royalties				·
6	Occupancy	470,623.	439,562.	31,061.	
7	Travel	113,699.	77,220.	36,479.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	5,601.		5,601.	
1	Payments to affiliates			,	
2	Depreciation, depletion, and amortization	303,780.	199,449.	104,331.	
3	Insurance	260,467.	208,374.	52,093.	
4	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				or the second
	OTHER	375,827.	252,526.	123,301.	200000000000000000000000000000000000000
b	FOOD	367,892.	367,892.		
C	EQUIPMENT RENTAL	108,117.	100,980.	7,137.	···
d					
е					·-··
f	All other expenses				
5	Total functional expenses. Add lines 1 through 24f	12,274,595.	11,165,329.	1,109,266.	0
6	Joint Costs. Check here if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
010	12-18-08				Form 990 (2008

			(A) Beginning of year		(B)						
	1 1	Cook was interest basis in			End of year						
	1 2	Cash - non-interest-bearing	1,136,851.	+	889,211						
	3	Savings and temporary cash investments	330 006	2	250 010						
	4	Pledges and grants receivable, net	339,986.		359,819						
	5	Accounts receivable, net	//,100.	4	22,200						
	"	Receivables from current and former officers, directors, trustees, key		_							
	6	employees, or other related parties. Complete Part II of Schedule L		5	From (*) o colomo (*) and colomo (*)						
	"	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		33							
				MAN SE	Property and the property						
s	7	***************************************	200	7							
Assets	8	Notes and loans receivable, net Inventories for sale or use		 							
As		Prenaid expenses and deferred charges	49,841.	8	53,432						
	10a	Prepaid expenses and deferred charges Land, buildings, and equipment: cost basis	0 49,041.	9	33,434						
	b	Less: accumulated depreciation. Complete									
	"	Part VI of Schedule D	3. 1,980,329.	10-	1 753 027						
	11	Investments - publicly traded securities		11	1,753,937						
	12	Investments - other securities. See Part IV, line 11		12							
	13	Investments - program-related. See Part IV, line 11		13							
	14	Intangible assets		14							
	15	Other assets. See Part IV, line 11		15	11,491.						
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,595,658.	16	3,090,090						
	17	Accounts payable and accrued expenses	629,260.	17	602,402.						
	18	Grants payable		18	002,402						
	19	Deferred revenue		19							
	20	Tax-exempt bond liabilities		20							
Ś	21	Escrow account liability. Complete Part IV of Schedule D		21							
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,		11 - G							
abi		highest compensated employees, and disqualified persons. Complete Part II									
=		of Schedule L	THE SHARE THE SALES	22							
	23	Secured mortgages and notes payable to unrelated third parties		23	39,925.						
	24	Unsecured notes and loans payable		24							
	25	Other liabilities. Complete Part X of Schedule D	468,344.	25	273,647.						
	26	Total liabilities. Add lines 17 through 25		26	915,974.						
		Organizations that follow SFAS 117, check here X and complete		New (er							
es		lines 27 through 29, and lines 33 and 34.									
alances	27	Unrestricted net assets	2,409,951.	27	2,174,116.						
	28	Temporarily restricted net assets		28							
밑	29	Permanently restricted net assets		29							
Net Assets or Fund B		Organizations that do not follow SFAS 117, check here and									
ō		complete lines 30 through 34.									
sets	30	Capital stock or trust principal, or current funds		30							
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31							
et	32	Retained earnings, endowment, accumulated income, or other funds		32							
_	33	Total net assets or fund balances	2,409,951.	33	2,174,116.						
		Total liabilities and net assets/fund balances	3,595,658.	34	3,090,090.						
Pai	t XI	Financial Statements and Reporting									
					Yes No						
1		unting method used to prepare the Form 990: Cash X Accrual	Other								
2a	Were	the organization's financial statements compiled or reviewed by an independent	ent accountant?		2a X						
b	Were	Were the organization's financial statements audited by an independent accountant?									
¢	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,										
•	reviev	w, or compilation of its financial statements and selection of an independent ac	countant?		2c X						
3a		result of a federal award, was the organization required to undergo an audit or									
	Act a	nd OMB Circular A-133?	••••••••••••		3a X						
b	IT "Ye	s," did the organization undergo the required audit or audits?			3b						

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2008

		THE AG	RICULTURAL A	ND LAI	BOR PI	ROGRA	M, IN	c.	5.5	9-1634	1148	
Part I			arity Status (All organ				art.) (see in	structions)		•		
The organ			n because it is: (Please o									
1 📙			nes, or association of chu			ection 17	O(b)(1)(A)(i).				
2			170(b)(1)(A)(ii). (Attach S									
3 🖳	A hospital or	r a cooperative hos	pital service organization	described	l in section	n. 170(b)(1)(A)(iii). (A	ttach Sche	edule H.)			
4	A medical re	esearch organization	n operated in conjunction	n with a ho	spital desc	cribed in s	ection 17	0(b)(1)(A)(i	ii). Enter t	ne nospita	l's nam	e,
	city, and sta											
5	An organizat	tion operated for th	e benefit of a college or t	university o	wned or o	perated b	y a govern	nmental un	it describe	ed in		
		0(b)(1)(A)(iv). (Comp	•									
6			ment or governmental ur									
7 X	An organizat	tion that normally re	eceives a substantial part	of its supp	port from a	a governm	ental unit	or from the	general p	ublic desc	cribed in	1
		(b)(1)(A)(vi). (Comp	•									
8 🖳			section 170(b)(1)(A)(vi).			- 0						
9 📖	An organizat	tion that normally re	eceives: (1) more than 33	1/3% of its	s support	from cont	ributions, ı	membersh	ip fees, an	d gross re	ceipts f	rom
			unctions - subject to cert									
	income and	unrelated business	taxable income (less sec	ction 511 ta	ax) from bu	usinesses	acquired l	by the orga	anization a	fter June 3	30, 1 9 75	5.
		509(a)(2). (Comple	,									
10			operated exclusively to te									
11	An organizat	ion organized and	operated exclusively for t	he benefit	of, to perf	orm the fu	inctions of	f, or to carr	y out the p	ourposes o	of one o	r
	more publicly	y supported organi	zations described in sect	ion 509(a)(1) or section	on 509(a)(2). See se	ction 509(a)(3). Che	ck the box	that	
			g organization and comp		_							
_ []	a Type			с 🔛 Тур						Type III - (
e []			nat the organization is no)
8			than one or more public						9(a)(1) or s	ection 509	9(a)(2).	
f			ritten determination from									_
_		rganization, check	*****************						······			L
g			organization accepted a									
			directly controls, either a supported organization?								Yes	No
						••••••				11g(i)		
	(ii) A 35%	controlled entity of	on described in (i) above	or (ii) abou		•••••		•••••		11g(ii)		
h	Provide the f	allowing information	a person described in (i) n about the organizations	or (ii) abovi	er Jactica cu		••••••			11g(iii)		
"	FIOVIDE LITE I	ollowing information	i about the organizations	s the organ	lization su	pports.						
//> Al		40.50	(iii) Type of	(by) to the c	organization	(u) Did us	4:6 . 4b -	6.216	. I			
	of supported nization	(ii) EIN	organization		sted in your		u nomy me tion in col.	organizatio	n in col.	(vii) Am		
orya	IIIZALIOII		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	(i) organize U.S.	ed in the l	support		
			(see instructions))	Yes	No	Yes	No	Yes	No			
				 				-				
							 					
	2											
							-			-		
			1	1					,			
				į i								
					7. 7.388			may new Supples				

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

Schedule A (Form 990 or 990-EZ) 2008 THE AGRICULTURAL AND LABOR PROGRAM, INC.59-1634148 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Se	ction A. Public Support				-		
Cai	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and					(5)255	(1) 1 0 10.1
	membership fees received. (Do not						
	include any "unusual grants.")	15,004,180.	8,659,967.	8,701,672.	9,536,879.	11,990,618.	53,893,316.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 · 3	15,004,180.	8,659,967.	8,701,672.	9,536,879.	11,990,618.	53,893,316.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						120
	column (f)						
	Public Support. Subtract line 5 from line 4.						53,893,316.
	ction B. Total Support	4 > 0004	T				
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 4	15,004,180.	8,659,967.	8,701,672.	9,536,879.	11,990,618.	53,893,316.
0	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	44.	64.	2 410	2 750	1 510	6 000
9	}	44.	04.	2,419.	2,758.	1,518.	6,803.
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
.0	or loss from the sale of capital					,	
	assets (Explain in Part IV.)	43 503	124,634.	51,098.	40 902	32,922.	293,059.
11	Total support. Add lines 7 through 10		ENGLES OF E	31,050.	40,502.	. 34,344.	54,193,178.
	Gross receipts from related activities,	etc. (see instructiv	nne)	The second second second		12	188,932.
	First five years. If the Form 990 is for			fourth or fifth tay			100,932.
	organization, check this box and stop	la anna			-		
Sec	ction C. Computation of Publi	c Support Per	rcentage				
$\overline{}$	Public support percentage for 2008 (lin			lumn (fl)		14	99.45 %
15	Public support percentage from 2007	Schedule A, Part	IV-A, line 26f	(7)			100.00 %
16a	33 1/3% support test - 2008. If the or	rganization did no	t check the box on	line 13, and line 14	is 33 1/3% or m		
	stop here. The organization qualifies a						
b	33 1/3% support test - 2007. If the or	ganization did no	t check a box on lin	e 13 or 16a, and li	ne 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qualif						
17a	10% -facts-and-circumstances test	- 2008. If the orga	anization did not ch	eck a box on line 1	3, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "fact	s-and-circumstand	ces" test, check this	s box and stop he	re. Explain in Parl	IV how the organi	zation
	meets the "facts-and-circumstances" t	test. The organizat	tion qualifies as a p	ublicly supported o	organization		
b	10% -facts-and-circumstances test	- 2007. If the orga	anization did not ch	eck a box on line 1	3, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the	e "facts-and-circur	mstances" test, che	ck this box and st	o p here. Explain	in Part IV how the	
	organization meets the "facts-and-circu	umstances" test.	The organization qu	alifies as a publicly	supported orga	nization	▶□
18	Private foundation. If the organization	did not check a b	oox on line 13, 16a,	16b, 17a, or 17b,	check this box ar	nd see instructions	>
						dule A (Form 990	

Part III Support Schedule for O	rganizations	Described in	Section 509(a	a)(2) (Complete or	ly if you checked the b	ox on line 9 of Part
Section A. Public Support		,	-			
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-				1		
iness under section 513		2.5				
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and			- 5			
3 received from disqualified persons b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b					100	
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975				}		
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	V					
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)		11 12 12 12 12 12 12 12 12 12 12 12 12 1		4275 1000 1000		
14 First five years. If the Form 990 is for the	ne organization's	first, second, thin	d. fourth, or fifth t	ax vear as a secti	on 501(c)(3) organiz	ation
check this box and stop here						
Section C. Computation of Public	Support Per	rcentage				
15 Public support percentage for 2008 (line			olumn (fl)		15	%
16 Public support percentage from 2007 S	chedule A, Part	IV-A, line 27g				
Section D. Computation of Invest	ment Income	Percentage			<u> 1 </u>	
17 Investment income percentage for 2008			e 13, column (fl)		17	%
18 Investment income percentage from 20	07 Schedule A, I	Part IV-A, line 27h	,			<u>/</u> 6
19a 33 1/3% support tests - 2008. If the or						
more than 33 1/3%, check this box and						▶□
b 33 1/3% support tests - 2007. If the or						nd
line 18 is not more than 33 1/3%, check						
20 Private foundation. If the organization						

Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

Name of the organization

THE AGRICULTURAL AND LABOR DROCDAM

Employer identification number

	THE AGRICULTURAL AND LABOR PROGRAM, INC.	59-1634148
Organization type (check	cone):	
Filers of:	Section:	
Form 990 or 990-EZ	X 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	
	is covered by the General Rul e or a Special Rule . (Note . Only a section 501(c)(7), (8), or and a Special Rule. See instructions.)	r (10) organization can check boxes
General Rule		
	s filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mon plete Parts I and II.	ney or property) from any one
Special Rules		
509(a)(1)/170(b)(1	(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the state of the second from any one contributor, during the year, a contribution of the greates of the amount on Form 990-EZ, line 1. Complete Parts I and II.	ter of (1) \$5,000 or (2) 2% of the
aggregate contrib	(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one outions or bequests of more than \$1,000 for use exclusively for religious, charitable, scient prevention of cruelty to children or animals. Complete Parts I, II, and III.	e contributor, during the year, ntific, literary, or educational
some contribution \$1,000. (If this bo etc., purpose. Do	(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one ns for use exclusively for religious, charitable, etc., purposes, but these contributions did rox is checked, enter here the total contributions that were received during the year for an exponent of the parts unless the General Rule applies to this organization becaute, etc., contributions of \$5,000 or more during the year.)	not aggregate to more than exclusively religious, charitable, use it received nonexclusively
Caution. Organizations th	at are not covered by the General Rule and/or the Special Rules do not file Schedule B (F	Form 990, 990-EZ, or 990-PF), but

they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to

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certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

THE AGRICULTURAL AND LABOR PROGRAM, INC.

59-1634148

Part I	Contributors (see instructions)	·	
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
1	FLORIDA PARTNERSHIP FOR SCHOOL READINESS	Aggregate contributions	Type of contribution Person X
	600 SOUTH CALHOUN STREET	\$1,071,871.	Payroll Noncash
	TALLAHASSEE, FL 32399-7000		(Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	STATE OF FLORIDA - COMMUNITY AFFAIRS		Person X
	2555 SHUMARD OAK BOULEVARD	\$_4,252,584.	Noncash (Complete Part II if there
	TALLAHASSEE, FL 32399-2100		is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	STATE OF FLORIDA - DEPARTMENT OF EDUCATION 325 W. GAINES ST., TURLINGTON BUILDING,		Person X
	STE 1514	\$ 261,925.	Payroll Noncash (Complete Part II if there
	TALLAHASSEE, FL 32399		is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	U.S. DEPT. OF HEALTH AND HUMAN SERVICES		Person X
	200 INDEPENDENCE AVENUE S.W.	\$ 6,356,194.	Noncash (Complete Part II if there
	WASHINGTON, D.C. 20201		is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll
		\$	Noncash (Complete Part II if there
			is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll
		\$	Noncash (Complete Part II if there
23452 12-18			is a noncash contribution.) 90, 990-EZ, or 990-PF) (2008)

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. OMB No. 1545-0047 2008 Inspection

Name of the organization

Employer identification number 50.162/1/0

Schedule D (Form 990) 2008

	THE AGRICULTURAL AND LABOR PROGRAM, INC.	59-1634148
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	**
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used	Longy
	for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private b	
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV	line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply).	, 11.10 7.
	Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historica	lly important land erec
	Protection of natural habitat Preservation of certified his	
	Preservation of open space	toric structure
2	Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservat	:
_	of the tax year.	ion easement on the last day
	of the tax your.	
а	Total number of conservation easements	Held at the End of the Year
b		2a
c		2b
d	Number of conservation easements included in (c) acquired after 8/17/06	2c
3	Number of conservation assembles included in (c) acquired after 6/17/06	2d
Ů	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ year	nization during the taxable
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and	
•	enforcement of the conservation essements it holds?	· · · · · · · · · · · · · · · · · · ·
6	enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year	Yes No
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	2)/2
Ŭ		
9	and section 170(h)(4)(B)(ii)?	Yes No
J	In Part XIV, describe how the organization reports conservation easements in its revenue and expense states	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization easements.	ganization's accounting for
Pai	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets
be first, no	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Similar Assets.
	The state of the s	
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance	mbandariada of out title of the
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public ser	sneet works of art, historical
	the footnote to its financial statements that describes these items.	rvice, provide, in Part XIV, the text of
b		
D	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance she	et works of art, historical treasures,
	or other similar assets held for public exhibition, education, or research in furtherance of public service, provi	de the following amounts relating to
	these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	\$
_	(ii) Assets included in Form 990, Part X	•
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide
	the following amounts required to be reported under SFAS 116 relating to these items:	
a	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	▶ \$

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	edule D (Form 990) 2008 THE AGE	RICULTURAL	AND LABOR	PROGRAM,	INC. 59-1	634148 Pa	ge 2
Pa	rt III Organizations Maintaining	Collections of A	rt, Historical 1	reasures, or O	ther Similar Ass	ets (continued)	<u> </u>
3	Using the organization's accession and oth	er records, check an	y of the following th	nat are a significant	use of its collection it	ems (check all	
	that apply):						
а	Public exhibition		d 🔲 Loan or ex	change programs			
b	Scholarly research	·					
С	Preservation for future generations						
4	Provide a description of the organization's of	collections and expla	in how they further	the organization's	exempt purpose in Pa	art XIV.	
5	During the year, did the organization solicit	or receive donations	of art, historical tre	easures, or other sin	nilar assets		
	to be sold to raise funds rather than to be m	naintained as part of	the organization's	collection?		Yes	No
Pa	rt IV Trust, Escrow and Custodia reported an amount on Form 990, Pa	I Arrangements	S. Complete if orga	nization answered "	Yes" to Form 990, Pa	rt IV, line 9, or	
1a	Is the organization an agent, trustee, custoo	dian or other interme	diary for contribution	ons or other assets	not included		
	on Form 990, Part X?					Yes	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table:				
82	88					Amount	
C	Beginning balance				1c		
d	Additions during the year						
е.	Distributions during the year	•••••			1e		
f	Ending balance				1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21?			Yes	No
b	If "Yes," explain the arrangement in Part XIV						
Pai	t V Endowment Funds. Complete	if organization answ	ered "Yes" to Form	990, Part IV, line 10).		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years ba	ack
1a	Beginning of year balance						
b	Contributions						aid)
С	Investment earnings or losses						
d	Grants or scholarships				Depth of Entern	Contraction	70.91
е	Other expenditures for facilities						
	and programs			The House			
f	Administrative expenses			· 通信与 30代 4			
g	End of year balance					gradul ar	
2	Provide the estimated percentage of the year	ir end balance held a	as:				
а	Board designated or quasi-endowment		_%				
b	Permanent endowment	%					
		%					
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administered fo	r the organization		
	by:					Yes N	No
	(i) unrelated organizations	***************************************	*******************************			3a(i)	
8	(ii) related organizations					3a(ii)	
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	n Schedule R?	•••••		3b	_
4	Describe in Part XIV the intended uses of the	organization's endo	wment funds.			U	
Par	t VI Investments - Land, Building	gs, and Equipme	ent. See Form 990), Part X, line 10.			_
	Description of investment	(a) Cost or or basis (investment)		t or other (c) (other)	Depreciation	(d) Book value	
1a	Land		54	5,000.		545,000	<u>0.</u>
	Buildings		2,40	06,570. 1	,604,503.	802,06	
	Leasehold improvements			8,741.	237,793.	240,948	
	Equipment				,210,078.	159,876	
е	Other		11	0,995.	104,949.	6,046	
Total.	. Add lines 1a-1e. (Column (d) should equal Fo	orm 990, Part X, colu	mn (B), line 10(c).)			1,753,937	

Dort VIII Investments Offer Order	ILTURAL AND LAI			-1634148	Page
Part VII Investments - Other Securities.	See Form 990, Part X, line 1	2.			
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valuation of the condition		
Financial derivatives and other financial products		 			
Closely-held equity interests	A				
Other		<u> </u>			
		 			
		·			
					
			·		
		 			
Total (Col/h) should aqual Form 000 Port V and (D) line 40)		Telmines due nes en mario		No. 20 and a second	
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)	<u> </u>				117.50
Part VIII Investments - Program Related.	See Form 990, Part X, line 1				
(a) Description of investment type	(b) Book value		(c) Method of valua		
	 	Cosi	or end-of-year mar	Ket Value	
	 				
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)	>				n light
Part IX Other Assets. See Form 990, Part X, lin	e 15.				ON EAST
Part IX Other Assets. See Form 990, Part X, lin	e 15.) Description			(b) Book valu	ie
Part IX Other Assets. See Form 990, Part X, lin	e 15.			(b) Book valu	ie
Part IX Other Assets. See Form 990, Part X, lin	e 15.			(b) Book valu	ie
Part IX Other Assets. See Form 990, Part X, lin	e 15.			(b) Book valu	ie
Part IX Other Assets. See Form 990, Part X, lin	e 15.			(b) Book valu	ie
Part IX Other Assets. See Form 990, Part X, lin	e 15.			(b) Book valu	ie
Part IX Other Assets. See Form 990, Part X, lin	e 15.			(b) Book valu	ie
Part IX Other Assets. See Form 990, Part X, lin	e 15.			(b) Book valu	le
Part IX Other Assets. See Form 990, Part X, lin	e 15.			(b) Book valu	le
Part IX Other Assets. See Form 990, Part X, lin	e 15.			(b) Book valu	le
Part IX Other Assets. See Form 990, Part X, lin	e 15.			(b) Book valu	le
Part IX Other Assets. See Form 990, Part X, lin (a	e 15.) Description			(b) Book valu	ie
Part IX Other Assets. See Form 990, Part X, lin (a	e 15.) Description			(b) Book valu	ie
Part IX Other Assets. See Form 990, Part X, lin (a	e 15.) Description			(b) Book valu	ie e
Total. (Column (b) should equal Form 990, Part X, col (B). Part X Other Liabilities. See Form 990, Part X (a) Description of liability	e 15.) Description	(b) Amount		(b) Book valu	ie .
Total. (Column (b) should equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes	e 15.) Description	(b) Amount		(b) Book valu	ie .
Fotal. (Column (b) should equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes	e 15.) Description			(b) Book valu	ie e
Fotal. (Column (b) should equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes	e 15.) Description	(b) Amount		(b) Book valu	ie
Fotal. (Column (b) should equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes	e 15.) Description	(b) Amount		(b) Book valu	ie
Total. (Column (b) should equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes	e 15.) Description	(b) Amount		(b) Book valu	ie
Total. (Column (b) should equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes	e 15.) Description	(b) Amount		(b) Book valu	ie
Total. (Column (b) should equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes	e 15.) Description	(b) Amount		(b) Book valu	ie
Total. (Column (b) should equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes	e 15.) Description	(b) Amount		(b) Book valu	ie -
Total. (Column (b) should equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes	e 15.) Description	(b) Amount		(b) Book valu	ie -
Total. (Column (b) should equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part X	e 15.) Description	(b) Amount		(b) Book valu	ie e
Total. (Column (b) should equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes	e 15. Description line 15.) , line 25.	(b) Amount		(b) Book valu	ie e

	dule D (Form 990) 2008 THE AGRICULTURAL AND LABOR	PRO	GRAM,	INC.	59-	1634148	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Finar	icial Stat	ements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		12,038	760.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		12,274	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		<235	
4	Net unrealized gains (losses) on investments		***************************************	4			
5	Donated services and use of facilities		***************************************	5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV)			8			
9	Total adjustments (net). Add lines 4-8			9			0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		•••••	10		<235,	
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents W	ith Reve		Retur		033.
1	Total revenue, gains, and other support per audited financial statements				1	13,139,	908
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			• • • • • • • • • • • • • • • • • • • •	Estini	13,135,	200.
а	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b	1 09	9,240.			
С	Recoveries of prior year grants	2c	4,00	J, 240.			
	Other (Describe in Part XIV)				15,000		
	Add lines 2a through 2d				-25100	1,099,	240
	Subtract line 2e from line 1				2e	12,040,	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				3	12,040,	000.
	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
	Other (Describe in Part XIV)			1,908.			
						_1	000
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)				4c	12,038,	908.
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ente M	ith Eyne	neae nar		12,030,	700.
1	Total expenses and losses per audited financial statements	OIIIO II	Titl Expe	naca per	1	13,375,	7/3
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			***************************************	:300	13,373,	743.
	Donated services and use of facilities	2a	1 09	9,240.			
h	Prior year adjustments	2b	1,00	7,440.			
c	Losses reported on Form 990, Part IX, line 25	2c					
	Other (Describe in Part XIV)			1,908.	No.		
e	Add lines 2a through 2d				0-	1 101	1/0
	Subtract line 2e from line 1				2e	1,101, 12,274,	EQE .
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				3	12,214,	393.
	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
	Other (Describe in Part XIV)						
	Add lines An and Ah				5 1 44		0
	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	**********			4c	12,274,	0. 505
Par	t XIV Supplemental Information		************		5	14,414,	393.
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	l lines 1	and 4: Pa	+ IV lines 1		Ob Dody to	. D1
	t XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	i, imes i	a and 4; Pa	rt IV, lines 11	o and a	20; Part V, line 4	; Part
	T XII, LINE 4B:						
LOS	S FROM DISPOSAL OF FIXED ASSETS (\$565)						
	2 11-01- 21-01-12 OI 1 111112 11001110 (\$303)						
FUN	DRAISING EVENT EXPENSES (\$1,343)						
	77.70						
			·				
PAR	T XIII, LINE 2D:						
LOS	S FROM DISPOSAL OF FIXED ASSETS \$565						
T	DDATATIVA DIIDIM EVIDINAS 44 040						
FUN	DRAISING EVENT EXPENSES \$1,343						

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2008

Name of the organization					Employer ide	entification number
THE AGE	RICULTURAL AND LABO	OR E	PROG	RAM. INC.	59-1634	
Part I Fundraising Activities	. Complete if the organization answ	ered "	Yes" t	o Form 990, Part IV,	line 17.	
Indicate whether the organization rai Mail solicitations Email solicitations	ised funds through any of the followi e Solicita f Solicita	ng act tion of tion of	ivities non-g	Check all that apply povernment grants rnment grants		
c Phone solicitations d In-person solicitations 2 a Did the organization have a written	g Special				istees or	
key employees listed in Form 990, F b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the	Part VII) or entity in connection with p lividuals or entities (fundraisers) purs	orofess suant t	sional o agre	fundraising services? ements under which	? Yes	
(i) Name of individual or entity (fundraiser)	(ii) Activity	or cor	Did raiser sustody strol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
	ži.	Yes	No			
				A		
Total						
3 List all states in which the organizatio	n is registered or licensed to solicit f	unds (or has	been notified it is ex	empt from registration	on or licensing.
						

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

Schedule G (Form 990 or 990-EZ) 2008 THE AGRICULTURAL AND LABOR PROGRAM, INC59-1634148 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other Events (d) Total Events ANNUAL NONE (Add col. (a) through MEETING col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 58,810. 58,810. 2 Less: Charitable contributions 38,156. 38,156. 3 Gross revenue (line 1 minus line 2) 20,654. 20,654. 4 Cash prizes Non-cash prizes Direct Expenses 6 Rent/facility costs 7 Other direct expenses 1,343. 1,343. 8 Direct expense summary. Add lines 4 through 7 in column (d) 1,343.) 19,311. \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (d) Total gaming (Add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Non-cash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine lines 1 and 7 in column (d) Yes No Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," Explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b if "Yes," Explain: Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Schedule G (Form 990 or 990-EZ) 2008 THE AGRICULTURAL AND LABOR PROGRAM, INC 59-1	L63414	8 P	age 3
			No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility 13a	%	vality.	Et)
b An outside facility	%		
records:			
Name			
Address >	_		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
of gaming revenue retained by the third party >\$			
c If "Yes," enter name and address:			
Name >			
Address ►			
16 Gaming manager information:			
Name			
Gaming manager compensation ▶ \$			
Description of services provided			
	_		
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		100 E	M.
retain the state gaming license?	17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the	15.55		
organization's own exempt activities during the tax year ▶ \$	120. Etc.	Viet I	Fa.

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE		·	:	•			OMB No. 1545-0047
(1000)		Govern	Grants and Other Assistance to Organizations,	e to Organization	S,		8006
Department of the Treasury	▲ Com	► Complete if the organization	on answered "Yes	," on Form 990, F	organization answered "Yes," on Form 990, Part IV, lines 21 or 22.		Oct. Control
Internal Revenue Service			► Attach to Form 990.	m 990.			Inspection
Name of the organization THE AGRIC		AND LABOR PR	PROGRAM. INC	٢			Employer identification number
1 1							23-1034148
1 Does the organization maintain records to substantiate the amount	to substantiate tl		s or assistance, the	grantees' eligibili	ty for the grants or as	of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	ion
	istance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for mor	itoring the use of grant	t funds in the Unite	d States.			
23	Governments as	nd Organizations in th	e United States. C	Complete if the org	anization answered "	res" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of non-cash assistance (g) Description of if applicable cash grant non-cash assistance FMV, appraisal, non-cash assistance or government assistance response in applicable cash grant non-cash assistance or assistance response response in additional space is needed (f) Method of (g) Description of (h) Purpose or assistance response in additional space is needed (h) Purpose or assistance response in additional space is needed (h) Purpose or assistance response in additional space is needed (h) Purpose or assistance response in additional space is needed (h) Purpose or assistance response in additional space is needed (h) Purpose or assistance response in additional space is needed (h) Purpose or assistance response in additional space is needed (h) EIN (d) Method of (g) Description of (h) Purpose or assistance response in additional space is needed (h) EIN (d) Method of (d) Description of (h) Purpose or assistance response in additional space is needed (n) Purpose or assistance response in additional space is needed (n) Purpose or assistance response in additional space is needed (n) Purpose or assistance response in additional space is needed (n) Purpose or assistance response in additional space is needed (n) Purpose or assistance response in additional space is needed (n) Purpose or assistance response in additional space is needed (n) Purpose or assistance response in additional space is needed (n) Purpose or assistance response in additional space is needed (n) Purpose or assistance response in additional space is needed (n) Purpose or assistance response in additional space is needed (n) Purpose or assistance response in additional space is needed (n) Purpose or assistance response in additional space in additional spac	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(9) Description of non-cash assistance	(h) Purpose of grant or assistance
) E .					otner)		
SEBRING, FL 33874	59-1361826	501(C)(3)	19,400.	0.	воок	H	LIHEAP/CSBG SUBRECIPIENTS
BOYS & GIRLS CLUBS OF LAKELAND, INC - 1525 MARTHY I. KTMG AVE							
LAND, FL 33805	59-0171815	501(C)(3)	29,100.	.0	BOOK		CIHEAP/CSBG SUBRECTPIENTS
CATHOLIC CHARITIES							5-
1801 E. MEMORIAL BLVD.							
LAKELAND, FL 33801	59-1214353	501(C)(3)	6,795.	0	воок		LIHEAP/CSBG SUBRECIPTENTS
CENTER FOR INDEPENDENT LIVING IN CENTRAL FLORIDA, - 720 NORTH DENNING DRIVE - WINTER PARK, FL							
32789	59-1828770	501(C)(3)	24,733.	0	воок	Ţ	LIHEAP/CSBG SUBRECIPIENTS
CHAIN OF LAKES ACHIEVERS, INC.							
WINTER HAVEN, FL 33882	20-3492287	501(C)(3)	.000,6	0	BOOK		emwerereed case/death.
0							21N211110111011101111111111111111111111
- QI	59-2149950	501(C)(3)	6,360.	0	0.BOOK		LIHEAP/CSBG SUBRECIPTENTS
	nd government o	rganizations					
	8						
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2008

Schedule I (Form 990) 2008 THE AGRICULTURAL AND LABOR PROGRAM, INC.

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

Use Schedule I-1 (Form 990) if additional space is needed.

Page 2

59-1634148

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ASSISTANCE TO FARM WORKERS - EMERGENCY ASSISTANCE, RENTS, FOOD, UTILITIES, ASSESSMENT, LITERACY, HOUSING COUNSELING, ETC.	12029	.0	2,517,475.		VOUCHERS
				285	
				*	
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	required in Part I, I	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: ALL SU	ALL SUBGRANTS A	ARE ADMINISTERED		THROUGH	
SUBGRANTEE CONTRACTS WHICH SPECIFY	THE	REQUIREMENTS	AND PROCEDURES	TRES FOR	
SERVICES, RECORD KEEPING, AND INVOICE		DOCUMENTATION	FOR REIMBU	REIMBURSEMENT. NO	
PAYMENTS ARE MADE WITHOUT THE PROPER		DOCUMENTATION.	ON SITE RI	REVIEWS ARE	
DONE BY THE ORGANIZATION'S PROGRAM	STAFF TO	VERIFY	COMPLIANCE.		

(Form 990)
Department of the Treasury
Internal Revenue Service
Name of the organization SCHEDULE 1-1

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). Continuation Sheet for Schedule I (Form 990)

Open to Public Inspection

OMB No. 1545-0047 2008

# L	AGRICULTURAL P	AND LABOR PR	PROGRAM, INC.	٠ ن		Employe 5	Employer identification number 59-1634148
Fart Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)	Assistance to Go	overnments and Orga	nizations in the U.	S. (Schedule I (Fo	ım 990), Part II.)		
(a) Name and address of organization or government	(p) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FL. RIDGE BIG BROTHERS / BIG SISTERS, INC 279 US 27 NORTH - SEBRING, FL 33874	59-1361826	501(c)(3)	11,100.	0.	воок		LIHEAP/CSBG SUBRECIPIENTS
HENDRY COUNTY SOCIAL SERVICES PO BOX 2340 LABELLE, PL 33975	59-6006639	501(C)(3)	7,200.	0	воок		LIHEAP/CSBG SUBRECIPIENTS
HIGHLANDS COUNTY COALITION FOR THE HOMELESS, INC 1306 S. TULANE AVE AVON PARK, FL 33825	51-0466286	501(C)(3)	171,976.	0	воок		LIHEAP/CSBG SUBRECIPIENTS
IN THE IMAGE OF CHRIST PO BOX 12397 FT. PIERCE, FL 34979	65-1104332	501(C)(3)	8,060.	0.	воок		LIHEAP/CSBG SUBRECIPIENTSLIHEAP/CSBG SUBRECIPIENTS
WOMEN'S RESOURCE CENTER 165 AVENUE A, NW WINTER HAVEN, FL 33881	59-2344584	501(C)(3)	96,226.	0	0.BOOK		LIHEAP/CSBG SUBRECIPIENTS
LEARNING TREE ACADEMY 2808 AVENUE D FT. PIERCE, RL 34947	65-0215212	501(C)(3)	67,413.	0	ВООК		HEAD START SUBCONTRACTOR
2 Enter total number of Section 501(c)(3) and government organizations	id government org	janizations					A

³ Enter total number of other organizations 83224 t2-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number THE AGRICULTURAL AND LABOR PROGRAM, 59-1634148 INC. FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NOT ANY COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION A, LINE 10: THE CEO AND THE BOARD CHAIRPERSON REVIEW THE FORM 990 ON BEHALF OF THE BOARD BEFORE IT IS FILED. THE COMPLETED FORM 990 IS THEN PRESENTED TO THE BOARD FOR REVIEW AND INFORMATION. FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING COMPENSATION INCLUDES THE USE OF A WAGE AND COMPARABILITY STUDY. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Open to Public Inspection

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

OMB No. 1545-0047 2008

Schedule R (Form 990) 2008 Employer identification number Direct controlling Direct controlling 59-1634148 entity Ē Œ 170(B)(1)(A)(VIN/A End-of-year assets status (if section 501(c)(3)) Public charity Œ Total income **Exempt Code** section 0 ê 501(C)(3) Legal domicile (state or Legal domicile (state or foreign country) foreign country) THE AGRICULTURAL AND LABOR PROGRAM, INC. FLORIDA LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Primary activity Primary activity HOUSING DEVELOPMENT <u>@</u> <u>@</u> MANAGEMENT Identification of Related Tax-Exempt Organizations AGRICULTURAL AND LABOR HOUSING DEVELOPMENT CORPORATION, INC. - 59-3217763, P.O. BOX Identification of Disregarded Entities Name, address, and EIN Name, address, and EIN of related organization of disregarded entity 3126, WINTER HAVEN, FL 33885 Department of the Treasury Internal Revenue Service
Name of the organization Part Part II

59-1634148

Page 2

Schedule R (Form 990) 2008 THE AGRICULTURAL AND LABOR PROGRAM, INC.

Part III Identification of Related Organizations Taxable as a Partnership

Code V-UBI General or amount in box managing 20 of Schedule partner?
K-1 (Form 1065) Yes No Percentage ownership Schedule R (Form 990) 2008 Ξ N/A € Share of end-of-year assets Disproportionate allocations? Yes No × Œ Share of total income Œ o. Share of end-of-year assets g Type of entity (C corp, S corp, or trust) ö Share of total income E Direct controlling entity Predominant income (related, investment, unrelated) 9 Legal domicile (state or foreign country) UNRELATED Q Direct controlling entity Primary activity 0 8 Part IV Identification of Related Organizations Taxable as a Corporation or Trust Legal domicile (state or foreign country) 딙 © NURSERY/LAWN CARE Primary activity Name, address, and EIN of related organization FLORENCE VILLA CDC LAWN CARE SERVICES, LLC - 20-3294459, 111 AVENUE R, N.E., WINTER Name, address, and EIN of related organization € 33881 HAVEN, FL 332162 12-23-08

4 Control of the state of the s			Yes No
booint of (i) interact (ii) contained find any of the following transactions with one or more related organizations listed in Parts II-IV?			
	***************************************	- 2	
		4	
		5	
d Loans or loan guarantees to or for other organization(s)		₽	
e Loans or loan guarantees by other organization(s)		-2	
f Sale of assets to other organization(s)		7	
g Purchase of assets from other organization(s)			1
h Exchange of assets	***************************************	9	
i Lease of facilities, equipment, or other assets to other organization(s)		S 7	

	The state of the s	11	
 K Performance of services or membership or fundralising solicitations for other organization(s) 		*	
	***************************************	F	
m sharing or facilities, equipment, mailing lists, or other assets		1m	
ii strariiig oi pard employees		th.	
o Reimbursement paid to other organization for expenses			
D Raimhireamant naid hu other nevenitation for neventance		2	
		4	
q Other transfer of cash or property to other organization(s)			1
r Other transfer of cash or property from other organization(s)	Territoria de la companione de la compan	7	1
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships	and transaction thresholds.		
(A) Name of other organization(s)	(B) Transaction	(C) Amount involved	volved
(1)	type (a-r)		
(2)			
(3)			
(4)			
(5)			
(9)			
8120163 12-26-108		T. C. C. C. C.	

59-1634148

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Schedule R (Form 990) 2008 THE AGRICULTURAL AND LABOR PROGRAM, IN

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(A)	(B)	(2)	<u>Q</u>	(E)	Œ	(5)		E
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 50 1(c)(3) organizations?	Share yea	Dispropor- tionate allocations?	Code V-UBI amount in box 20		General or managing
		country)	Yes No		Yes No	(Form 1065)		Yes No
						:30		
							_	
			-					
							_	
						Schodulo D (France oco.)	1	188
						סכוופמתופ ט (נ.מיוו	1 330)	2002