

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2009** calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 402 W. MAIN STREET City or town, state or country, and ZIP + 4 IMMOKALEE, FL 34142-3933	D Employer identification number 59-1221966
	F Name and address of principal officer: BARBARA MAINSTER SAME AS C ABOVE		E Telephone number 239-658-3560
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 61,198,994.
	J Website: ▶ HTTP://WWW.RCMA.ORG/		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1965
M State of legal domicile: FL			

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC. (RCMA) WAS INCORPORATED AS A NON-PROFIT		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	32
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	32
	5	Total number of employees (Part V, line 2a)	5	2072
	6	Total number of volunteers (estimate if necessary)	6	1200
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	61,678.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	-33,991.
Revenue	8	Contributions and grants (Part VIII, line 1h)	53,778,526.	59,866,846.
	9	Program service revenue (Part VIII, line 2g)	1,335,333.	1,160,573.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	60,716.	6,174.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-44,860.	38,885.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	55,129,715.	61,072,478.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	36,344,419.	41,503,139.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 91,260.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	16,628,594.	18,302,806.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	52,973,013.	59,805,945.	
19	Revenue less expenses. Subtract line 18 from line 12	2,156,702.	1,266,533.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	30,481,234.	31,939,468.
	21	Total liabilities (Part X, line 26)	8,111,472.	8,291,987.
	22	Net assets or fund balances. Subtract line 21 from line 20	22,369,762.	23,647,481.

Part II Signature Block

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

Sign Here	Signature of officer	Date
	BARBARA MAINSTER, EXECUTIVE DIRECTOR	
Type or print name and title		

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	OCARIZ, GITLIN & ZOMERFELD, LLP 999 PONCE DE LEON BLVD., SUITE 1045 CORAL GABLES, FL 33134		<input type="checkbox"/>

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION RCMA CREATES AND FOSTERS OPPORTUNITIES FOR THE CHILDREN OF MIGRANT AND OTHER LOW-INCOME RURAL FAMILIES TO MAXIMIZE THE CHOICES IN THEIR LIVES BY:

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the 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.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 17323750. including grants of \$) (Revenue \$ 1,160,573.) FROM THREE MODEST CHILD-CARE CENTERS WITH 75 CHILDREN IN 1965, RCMA TODAY SERVES NEARLY 8,000 CHILDREN OF MIGRANT FARM WORKERS AND RURAL, LOW-INCOME FAMILIES IN MORE THAN 75 CENTERS THROUGHOUT FLORIDA.

CHILDREN IN OUR CENTERS RANGE FROM 6 WEEKS TO 12 YEARS OLD. RCMA'S INCLUSION OF CHILDREN WITH DISABILITIES, BEGINNING WITH INFANTS AND TODDLERS, HAS BEEN RECOGNIZED AS A MODEL WITHIN FLORIDA.

RCMA, THE LARGEST SINGLE PROVIDER OF CHILD-CARE SERVICES IN FLORIDA, NOW OFFERS PRESCHOOL SERVICES IN 20 RURAL COMMUNITIES. LIKE OTHER CHILDREN RCMA SERVES, MOST OF THOSE ENROLLED SPEAK ENGLISH AS A SECOND LANGUAGE, IF AT ALL.

4b (Code:) (Expenses \$ 28090269. including grants of \$ 28996303.) (Revenue \$) HEAD START, EARLY HEAD START AND MIGRANT HEAD START ARE COMPREHENSIVE CHILD-DEVELOPMENT PROGRAMS THAT SERVE CHILDREN FROM BIRTH TO AGE 5, PREGNANT WOMEN AND THEIR FAMILIES. THE PROGRAMS STRIVE TO INCREASE THE SCHOOL READINESS OF YOUNG CHILDREN IN LOW-INCOME FAMILIES.

KEY TO THE SUCCESS OF RCMA IN PREPARING YOUNG CHILDREN FOR PUBLIC SCHOOL IS ITS MISSION TO HIRE STAFF AND TEACHERS FROM THE COMMUNITIES SERVED. MOST OF OUR STAFF IS BILINGUAL, AND MANY ARE FORMER MIGRANT FARM WORKERS, INCLUDING OUR DIRECTOR OF PROGRAM QUALITY AND FARMWORKER ADVOCACY.

HEAD START NATIONALLY EVOLVED FROM A TASK FORCE RECOMMENDATION IN 1964

4c (Code:) (Expenses \$ 3,920,808. including grants of \$ 2,804,736.) (Revenue \$) RCMA OPERATES TWO CHARTER SCHOOLS (PUBLIC SCHOOLS OF CHOICE), THE IMMOKALEE COMMUNITY SCHOOL IN EASTERN COLLIER COUNTY AND THE WIMAUMA ACADEMY IN SOUTHEASTERN HILLSBOROUGH COUNTY, WHICH PROVIDE A UNIQUE OPPORTUNITY FOR RCMA TO EXTEND ITS POSITIVE IMPACT ON CHILDREN.

THE SCHOOLS PROVIDE A SEAMLESS TRANSITION FOR CHILDREN AS THEY PROGRESS FROM RCMA'S EARLY CHILDHOOD AND PRE-KINDERGARTEN PROGRAMS INTO ELEMENTARY SCHOOL. TEST RESULTS CONFIRM THAT THE LONGER STUDENTS REMAIN WITH RCMA, THE BETTER THEY PERFORM IN SCHOOL. OUR CHILDREN'S IMPROVEMENT BETWEEN KINDERGARTEN AND THIRD GRADE ON READING ASSESSMENTS, FOR EXAMPLE, IS DRAMATIC. WHEN ONE CONSIDERS THAT MANY OF OUR STUDENTS ARE TESTED IN THEIR SECOND LANGUAGE, THEIR ACCOMPLISHMENTS

4d Other program services. (Describe in Schedule O.) (Expenses \$ 4,515,791. including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 53,850,618.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	<ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> • Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> • Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i> 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		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 located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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ASSOCIATION, INC.

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a	166	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	2072	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	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)?		X
b	If "Yes," enter the name of 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 at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
	7a		
	7b		
	7c		
	7e		
	7f		
	7g		
	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			X
	8		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
	9a		
	9b		
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10a		
	10b		
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11a		
	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
	12a		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
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 have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		X
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** 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.
 Own website Another's website Upon request
- 19** 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.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **GILBERT FLORES, DIRECTOR OF ACCOUNT - 239-658-3560**
402 W. MAIN STREET, IMMOKALEE, FL 34142-3933

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- 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.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ANNE DICKINSON BOARD MEMBER	1.00	X					0.	0.	0.	
GARY WISHNATZKI BOARD MEMBER	1.00	X					0.	0.	0.	
JOHN NORRIS BOARD MEMBER	1.00	X					0.	0.	0.	
LINDA MILES-ADAMS BOARD MEMBER	1.00	X					0.	0.	0.	
OLGA VILLA, M.D., OB-GYN BOARD MEMBER	1.00	X					0.	0.	0.	
NELSON LUIS BOARD MEMBER	1.00	X					0.	0.	0.	
SMITA MATHUR, PH D BOARD MEMBER	1.00	X					0.	0.	0.	
WILLIAM FERRARI BOARD MEMBER	1.00	X					0.	0.	0.	
WILMA ROBLES DE MELENDEZ BOARD MEMBER	1.00	X					0.	0.	0.	
WEEDA MAE WILLIAMS PARENT BOARD MEMBER	1.00	X					0.	0.	0.	
CHERLYN SCOTT PARENT BOARD MEMBER	1.00	X					0.	0.	0.	
GEORGE F. SORN HONORARY MEMBER	1.00	X					0.	0.	0.	
JOHN DINKEL HONORARY MEMBER	1.00	X					0.	0.	0.	
WILLIAM LAIMBEER HONORARY MEMBER	1.00	X					0.	0.	0.	
MARIANNA MARTINEZ PARENT BOARD MEMBER	1.00	X					0.	0.	0.	
MARIO FIGUEROA PARENT BOARD MEMBER	1.00	X					0.	0.	0.	
FERNANDO PRO JR. PAST PRESIDENT	1.00	X					0.	0.	0.	

REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
IRMA CRUZ PARENT BOARD MEMBER	1.00	X						0.	0.	0.
ELIZABETH VAZQUEZ PARENT BOARD MEMBER	1.00	X						0.	0.	0.
ISMAEL MAYA PARENT BOARD MEMBER	1.00	X						0.	0.	0.
FLOYD OWENS, JR. PARENT BOARD MEMBER	1.00	X						0.	0.	0.
FELIX GARCIA, III PARENT BOARD MEMBER	1.00	X						0.	0.	0.
MICHAEL STUART PRESIDENT - EXECUTIVE CO	1.00	X						0.	0.	0.
RICHARD PRINGLE SECRETARY - EXECUTIVE CO	1.00	X						0.	0.	0.
STEVE PRICE TREASURER - EXECUTIVE CO	1.00	X						0.	0.	0.
ROSA RODRIGUEZ PARENT BOARD MEMBER	1.00	X						0.	0.	0.
FRED N. THOMAS JR. VICE PRESIDENT - EXECUTI	1.00	X						0.	0.	0.
1b Total								468,934.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
AVON PARK COMMUNITY DAY CARE 800 SOUTH DELANEY, AVON PARK, FL 33825	CHILD CARE SERVICES	452,160.
GUADALUPE CHILD DEVELOPMENT CENTER 505 HOPE CIRCLE, IMMOKALEE, FL 34142	CHILD CARE SERVICES	349,231.
CHILD CARE OF SW FLORIDA, INC 4315 METRO PARKWAY, FT. MYERS, FL 33916	CHILD CARE SERVICES	327,137.
IMMOKALEE CHILD CARE, 3775 AIRPORT PULLING RD, UNIT B, NAPLES, FL 34105	CHILD CARE SERVICES	277,114.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **4**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.

Form 990 (2009)

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Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	521,383.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	58,303,251.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	104,221.2.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f			59,866,846.			
Program Service Revenue	2 a	CHILD CARE FEES	Business Code 624410	1160573.	1160573.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			1160573.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,059.			2,059.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a			(i) Real				
				(ii) Personal				
				61,678.				
	b	Less: rental expenses						
	c	Rental income or (loss)		61,678.				
	d	Net rental income or (loss)			61,678.	61,678.		
	7 a			(i) Securities				
				(ii) Other				
				4,115.				
	b	Less: cost or other basis and sales expenses						
c	Gain or (loss)		4,115.					
d	Net gain or (loss)			4,115.		4,115.		
8 a	Gross income from fundraising events (not including \$ 521,383. of contributions reported on line 1c). See Part IV, line 18		a	67,542.				
	Less: direct expenses		b	126,516.				
	Net income or (loss) from fundraising events				-58,974.		-58,974.	
9 a	Gross income from gaming activities. See Part IV, line 19		a					
	Less: direct expenses		b					
	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances		a					
	Less: cost of goods sold		b					
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a	OTHER REVENUE	624100		36,181.			36,181.	
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			36,181.				
12	Total revenue. See instructions.			61,072,478.	1160573.	61,678.	-16,619.	

REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	443,954.	369,493.	46,272.	28,189.
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	33,357,780.	30,461,006.	2,872,893.	23,881.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	498,305.	454,616.	43,105.	584.
9 Other employee benefits	4,069,034.	3,712,281.	351,981.	4,772.
10 Payroll taxes	3,134,066.	2,859,286.	271,105.	3,675.
11 Fees for services (non-employees):				
a Management				
b Legal	19,507.	3,070.	16,437.	
c Accounting	104,676.	16,472.	88,204.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	20,183.	3,176.	17,007.	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	4,388,848.	3,979,991.	408,857.	
17 Travel	592,547.	463,359.	126,084.	3,104.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	960,681.	837,232.	122,455.	994.
20 Interest	20,197.		20,197.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,704,238.	1,890,595.	813,643.	
23 Insurance				
24 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.)				
a CONTRACTED SERVICES	2,526,605.	2,452,046.	74,559.	
b SUPPLIES	2,371,359.	2,228,630.	140,742.	1,987.
c FOOD	1,886,669.	1,886,669.		
d CONSUMABLE EQUIPMENT	727,056.	644,377.	80,328.	2,351.
e TRANSPORTATION	696,934.	605,055.	91,879.	
f All other expenses	1,283,306.	983,264.	278,319.	21,723.
25 Total functional expenses. Add lines 1 through 24f	59,805,945.	53,850,618.	5,864,067.	91,260.
26 Joint costs. Check here <input type="checkbox"/> 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 ...				

REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.

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Part X Balance Sheet

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing		-231,411.	1	1,388,425.	
	2	Savings and temporary cash investments		3,011,403.	2	2,411,568.	
	3	Pledges and grants receivable, net		3,179,373.	3	3,034,789.	
	4	Accounts receivable, net		212,235.	4	264,956.	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		678,152.	9	720,243.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	47,264,847.			
	b	Less: accumulated depreciation	10b	25,431,424.	20,603,875.	10c	21,833,423.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 11			12		
	13	Investments - program-related. See Part IV, line 11		125,000.	13	125,000.	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		2,902,607.	15	2,161,064.	
16	Total assets. Add lines 1 through 15 (must equal line 34)		30,481,234.	16	31,939,468.		
Liabilities	17	Accounts payable and accrued expenses		4,399,463.	17	4,743,884.	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties		3,712,009.	23	3,548,103.	
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities. Complete Part X of Schedule D			25		
	26	Total liabilities. Add lines 17 through 25		8,111,472.	26	8,291,987.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		11,940,731.	27	12,950,859.	
	28	Temporarily restricted net assets		10,429,031.	28	10,696,622.	
	29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building, or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	Total net assets or fund balances		22,369,762.	33	23,647,481.		
34	Total liabilities and net assets/fund balances		30,481,234.	34	31,939,468.		

Form 990 (2009)

REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Name of the organization **REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.** Employer identification number **59-1221966**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	50,751,533.	52,363,740.	52,401,300.	53,394,245.	59,345,463.	268,256,281.
2 Tax revenues levied for the organization'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 through 3	50,751,533.	52,363,740.	52,401,300.	53,394,245.	59,345,463.	268,256,281.
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, column (f)						
6 Public support. Subtract line 5 from line 4.						268,256,281.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	50,751,533.	52,363,740.	52,401,300.	53,394,245.	59,345,463.	268,256,281.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	43,019.	63,878.	49,183.	35,403.	2,059.	193,542.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	45,575.	39,511.	69,076.	67,817.	101,974.	323,953.
11 Total support. Add lines 7 through 10						268,773,776.
12 Gross receipts from related activities, etc. (see instructions)					7,099,374.	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.81 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.82 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.	Employer identification number 59-1221966
--	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization
REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.

Employer identification number
59-1221966

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 2,834,177.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 14,702,430.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 3,669,981.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 31,123,331.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.	Employer identification number 59-1221966
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ 	
	<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ 	
	<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ 	
	<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ 	
	<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ 	
	<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ 	
	<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ 	

Name of organization REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.	Employer identification number 59-1221966
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.**

Employer identification number
59-1221966

Part 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 funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 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).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

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, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide 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

▶ \$ _____

REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "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 back
1a Beginning of year balance	280,473.	340,855.			
b Contributions					
c Net investment earnings, gains, and losses	29,104.	-55,315.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	5,342.	5,067.			
g End of year balance	304,235.	280,473.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 100.00 %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i) unrelated organizations	X	
3a(ii) related organizations		X
3b		

- (i) unrelated organizations _____
- (ii) related organizations _____

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? _____

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,032,863.		1,032,863.
b Buildings				
c Leasehold improvements		32,651,683.	16,214,001.	16,437,682.
d Equipment		7,541,798.	6,278,366.	1,263,432.
e Other		6,038,503.	2,939,057.	3,099,446.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				21,833,423.

REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	61,072,478.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	59,805,945.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,266,533.
4	Net unrealized gains (losses) on investments	4	11,186.
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 through 8	9	11,186.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,277,719.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	64,108,800.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	11,186.
b	Donated services and use of facilities	2b	2,898,620.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	126,516.
e	Add lines 2a through 2d	2e	3,036,322.
3	Subtract line 2e from line 1	3	61,072,478.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	61,072,478.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	62,831,081.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	2,898,620.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	126,516.
e	Add lines 2a through 2d	2e	3,025,136.
3	Subtract line 2e from line 1	3	59,805,945.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	59,805,945.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: ON MARCH 18, 2004, RCMA ENTERED INTO AN AGREEMENT WITH

THE COMMUNITY FOUNDATION OF COLLIER COUNTY, A NONPROFIT CORPORATION TO

ESTABLISH ON THE BOOKS OF THE FOUNDATION AN ENDOWMENT FUND. THE FUND WAS

ESTABLISHED TO PROVIDE CURRENT INCOME AND LONG-TERM PROTECTION FOR THE

OPERATIONS OF THE ORGANIZATION (RCMA), AND THE ORGANIZATION WISHES TO HAVE

THE BENEFITS OF SUCH A FUND. THE FUND IS THE EXCLUSIVE PROPERTY OF THE

FOUNDATION AND THUS HAS THE ULTIMATE AUTHORITY AND CONTROL OVER THE

PROPERTY IN THE FUND, AND THE INCOME DERIVED FROM IT. DISTRIBUTIONS FROM

Part XIV Supplemental Information *(continued)*

THE FUND ARE MADE IN ACCORDANCE WITH THE SPENDING POLICY ESTABLISHED BY THE BOARD OF THE COMMUNITY FOUNDATION AND IS PAID AND DISTRIBUTED AT LEAST ANNUALLY, OR MORE FREQUENTLY, AS THE PARTIES MAY FROM TIME TO TIME AGREE.

PART XII, LINE 2D: DIRECT COSTS OF FUNDRAISING EVENTS.

PART XII, LINE 4B: GAIN ON SALE OF ASSETS.

PART XIII, LINE 2D: DIRECT COSTS OF FUNDRAISING EVENTS.

PART X "OTHER LIABILITIES" FIN 48 TEXT:

THE ORGANIZATION IS ORGANIZED AS A NOT-FOR-PROFIT ENTITY AND IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. UNRELATED BUSINESS INCOME, OF WHICH THE ORGANIZATION HAD NONE FOR THE YEARS ENDED JUNE 30, 2010 AND 2009, WOULD BE SUBJECT TO FEDERAL INCOME TAXES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS REQUIRED. THE ORGANIZATION'S INFORMATION RETURNS FILED WITH THE INTERNAL REVENUE SERVICE HAVE NOT BEEN EXAMINED IN THE PAST. THE ORGANIZATION IS NOT AWARE OF ANY UNCERTAINTIES THAT COULD JEOPARDIZE ITS NOT-FOR-PROFIT STATUS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES IS DEEMED NECESSARY.

THE ORGANIZATION'S TAX RETURNS FOR THE YEARS 2006, 2007, 2008 AND 2009 REMAIN SUBJECT TO EXAMINATION BY INTERNAL REVENUE SERVICE. IN THE UNLIKELY EVENT AN UNCERTAIN TAX POSITION EXISTED IN WHICH THE ORGANIZATION COULD INCUR CORPORATE INCOME TAXES, MANAGEMENT WOULD EVALUATE WHETHER THERE IS A PROBABILITY THAT THE UNCERTAIN TAX POSITION TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY IN ACCORDANCE WITH FAS ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES.

BASED ON THE IMPLEMENTATION OF FAS ASC 740-10, ACCOUNTING FOR

Part XIV Supplemental Information *(continued)*

UNCERTAINTY IN INCOME TAXES, THE ORGANIZATION HAS DETERMINED THAT NO
AMOUNTS ARE REQUIRED TO BE ACCRUED FOR TAXES OR RELATED PENALTIES AND
INTEREST FOR ANY TAX POSITIONS TAKEN THROUGH JUNE 30, 2010.

**REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.**

Part II 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 (add col. (a) through col. (c))	
		GOLF TOURNAMENT	TENNIS TOURNAMENT	14		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	96,999.	101,505.	390,421.	588,925.
	2	Less: Charitable contributions	86,563.	74,288.	360,532.	521,383.
	3	Gross income (line 1 minus line 2)	10,436.	27,217.	29,889.	67,542.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	1,992.	1,540.		3,532.
	6	Rent/facility costs	5,413.	19,581.		24,994.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	3,231.	1,458.	93,301.	97,990.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(126,516)
11	Net income summary. Combine line 3, column (d), and line 10				-58,974.	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine line 1, column (d), and line 7				

	Yes	No
9 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? _____	9a	
b If "No," explain: _____ _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," explain: _____ _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 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? _____	12	

**REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.**

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

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 of the third party:

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 retain the state gaming license?

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

	Yes	No
13a		
13b		
14		
15a		
16		
17a		
17b		

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization **REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.** Employer identification number **59-1221966**

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2									
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	<input checked="" type="checkbox"/>								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	<input checked="" type="checkbox"/>								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	<input checked="" type="checkbox"/>								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.										
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	<input checked="" type="checkbox"/>								
b Any related organization?	5b	<input checked="" type="checkbox"/>								
If "Yes" to line 5a or 5b, describe in Part III.										
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	<input checked="" type="checkbox"/>								
b Any related organization?	6b	<input checked="" type="checkbox"/>								
If "Yes" to line 6a or 6b, describe in Part III.										
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	<input checked="" type="checkbox"/>								
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	<input checked="" type="checkbox"/>								
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

Schedule J (Form 990) 2009

REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.

Schedule J (Form 990) 2009

59 - 1221966

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BARBARA MAINSTER	(i)	103,419.	0.	0.	0.	103,419.	0.
	(ii)	0.	0.	0.	0.	0.	0.
GYLA WISE	(i)	70,892.	0.	0.	0.	70,892.	0.
	(ii)	0.	0.	0.	0.	0.	0.
GILBERT FLORES	(i)	70,198.	0.	0.	0.	70,198.	0.
	(ii)	0.	0.	0.	0.	0.	0.
IRA MALAMUT	(i)	78,691.	0.	0.	0.	78,691.	0.
	(ii)	0.	0.	0.	0.	0.	0.
CHARLENE EDWARDS	(i)	78,081.	0.	0.	0.	78,081.	0.
	(ii)	0.	0.	0.	0.	0.	0.
LESLIE MOGUIL	(i)	67,653.	0.	0.	0.	67,653.	0.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**
▶ **See the Instructions for Form 990.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the Organization **REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.** Employer Identification number **59-1221966**

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LAURETTA STEPHENS VICE PRESIDENT - EXECUTI	1.00	X						0.	0.	0.
MEDORA KROME VICE PRESIDENT - EXECUTI	1.00	X						0.	0.	0.
MICHAEL T BAYER VICE PRESIDENT - EXECUTI	1.00	X						0.	0.	0.
PAUL COVILL VICE PRESIDENT - EXECUTI	1.00	X						0.	0.	0.
ELLIS ROBINSON VICE PRESIDENT - EXECUTI	1.00	X						0.	0.	0.
ROYSTON DALEY PARENT BOARD MEMBER	1.00	X						0.	0.	0.
PATRICIA RODRIGUEZ PARENT BOARD MEMBER	1.00	X						0.	0.	0.
DANIEL GUEVARA PARENT BOARD MEMBER	1.00	X						0.	0.	0.
BARBARA MAINSTER EXECUTIVE DIRECTOR	50.00			X		X		103,419.	0.	0.
GYLA WISE DIR. OF HEALTH & FAMILY	50.00				X			70,892.	0.	0.
GILBERT FLORES DIRECTOR OF ACCOUNTING	50.00				X			70,198.	0.	0.
IRA MALAMUT DIRECTOR OF BUSINESS AFF	50.00				X			78,691.	0.	0.
CHARLENE EDWARDS DIRECTOR OF OPERATIONS/	50.00				X			78,081.	0.	0.
LESLIE MOGUIL ASSISTANT EXECUTIVE DIRE	50.00				X			67,653.	0.	0.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.

Employer identification number
59-1221966

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA, FOR THE PURPOSE OF
ADMINISTERING DAY CARE CENTERS AND EARLY CHILDHOOD EDUCATION CENTERS
FOR CHILDREN OF MIGRANT AND SEASONAL FARMWORKERS WHOSE FAMILIES' TOTAL
INCOME DO NOT EXCEED 150% OF THE POVERTY LEVELS ESTABLISHED BY THE
FEDERAL GOVERNMENT. RCMA ACHIEVES ITS PURPOSE THROUGH A VARIETY OF
PROGRAMS FUNDED SUBSTANTIALLY BY STATE AND FEDERAL GRANTS AND INDIVIDUAL
CONTRIBUTORS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

- PROVIDING QUALITY CHILD CARE.
- PROVIDING CHILDREN AND THEIR FAMILIES WITH SUPPORT SERVICES.
- PROVIDING EDUCATIONAL OPPORTUNITIES AND IMPROVING THE HEALTH AND
GENERAL WELFARE OF CHILDREN AND THEIR FAMILIES.
- INVOLVING PARENTS IN THE EDUCATIONAL PROCESS AND IN PUBLIC POLICY
DECISIONS AFFECTING THEIR CHILDREN AND FAMILIES.
- INCREASING PUBLIC AWARENESS OF THE LIFESTYLE OF MIGRANT AND SEASONAL
FARM WORKERS.
- PROVIDING OPPORTUNITIES AND ENCOURAGING THE PROFESSIONAL DEVELOPMENT
OF STAFF HIRED FROM THE COMMUNITIES SERVED.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WITH A MISSION OF HIRING STAFF AND TEACHERS FROM THE COMMUNITIES
SERVED, RCMA ALREADY EMPLOYS A MAJORITY OF BILINGUAL STAFFERS. MANY OF
OUR EMPLOYEES ARE FORMER MIGRANT FARM WORKERS WHO ACQUIRED THEIR CHILD

SCHEDULE O
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Department of the Treasury
Internal Revenue Service

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2009

Open to Public
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Name of the organization

REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.

Employer identification number
59-1221966

DEVELOPMENT CREDENTIAL, FAMILY DEVELOPMENT CREDENTIAL, ASSOCIATE®

DEGREE OR BACHELOR® DEGREE AFTER JOINING RCMA.

SERVING A LARGE MIGRANT POPULATION, PLUS OTHER YEAR-ROUND FARM AND
LOW-INCOME FAMILIES, RCMA OFFERS THE 540-HOUR VPK PROGRAM OPTION DURING
THE TYPICAL ACADEMIC YEAR AND A MORE CONDENSED, 300-HOUR SUMMER
PROGRAM IN JUNE AND JULY.

THIS WAY, EVEN THOUGH SOME CHILDREN ARRIVE LATE AND LEAVE EARLY, THEY
STILL RECEIVE THE REQUIRED COURSEWORK, WHICH IS ESSENTIAL TO THEIR
SUCCESS LATER IN KINDERGARTEN AND ELEMENTARY SCHOOL.

WE HAVE STRONG PARTNERSHIPS WITH HEAD START, THE EAST COAST MIGRANT
HEAD START PROJECT, FLORIDA® OFFICE OF EARLY LEARNING, LOCAL EARLY
LEARNING COALITIONS, THE MEXICAN CONSULATES IN ORLANDO AND MIAMI,
FLORIDA AGRICULTURE, COMMUNITY-BASED ORGANIZATIONS AND SCHOOL
DISTRICTS.

MORE THAN HALF OF RCMA'S CHILDCARE CENTERS HAVE BEEN NATIONALLY
ACCREDITED, REFLECTING STANDARDS AND ACHIEVEMENTS THAT EXCEED STATE
LICENSING REQUIREMENTS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
FOR THE DEVELOPMENT OF A FEDERALLY SPONSORED PRESCHOOL PROGRAM TO MEET
THE NEEDS OF DISADVANTAGED CHILDREN, HEAD START NOW OFFERS PROGRAMS
GEARED FOR CHILDREN 3 TO 5 YEARS OLD. EARLY HEAD START PROVIDES

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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2009

Open to Public
Inspection

Name of the organization

REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.

Employer identification number
59-1221966

PROGRAMS FOR INFANTS AND TODDLERS, NEWBORNS TO 3 YEARS.

RESPONDING TO THE UNIQUE SEASON NEEDS OF MIGRANT FARM WORKERS, MIGRANT
AND SEASONAL HEAD START WAS CREATED IN 1969 AND SERVES NEWBORNS TO 5
YEAR OLDS.

HEAD START IS A PROGRAM WITHIN THE ADMINISTRATION ON CHILDREN, YOUTH
AND FAMILIES IN THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, WHICH
AWARDS GRANTS TO RCMA TO PROVIDE THESE SERVICES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
ARE QUITE IMPRESSIVE.

THE ACADEMIC FOCUS IS THE IMPROVEMENT OF LANGUAGE AND MATH USING A
THEMATIC AND INTEGRATIVE APPROACH, WHICH IMMERSSES STUDENTS IN AN
ENRICHED ENVIRONMENT THAT REFLECTS THE COMPLEXITIES OF LIFE. THE
RESULTS INCLUDE IMPROVED LANGUAGE, ACADEMICS AND LITERACY, INCREASED
SELF-ESTEEM AND DESIRABLE SOCIAL SKILLS.

THE IMMOKALEE COMMUNITY SCHOOL (KINDERGARTEN THROUGH SIXTH GRADE) AND
WIMAUMA ACADEMY (PRE-KINDERGARTEN THROUGH FIFTH) WERE ORIGINALLY
CHARTERED IN 2000. IN 2005, THE SCHOOL BOARDS OF COLLIER AND
HILLSBOROUGH COUNTIES RENEWED RCMA'S CHARTERS TO OPERATE THE SCHOOLS
FOR ANOTHER FIVE YEARS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SCHEDULE O
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Department of the Treasury
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Supplemental Information to Form 990

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2009

Open to Public
Inspection

Name of the organization

REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.

Employer identification number
59-1221966

FOOD SERVICE PROGRAM - TO PROVIDE BASIC FOOD AND NUTRITION FOR ALL

CHILDREN SERVED IN OUR CENTERS.

EXPENSES \$ 3499561. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

YOUTH AND OTHER PROGRAMS:

COMMUNITY LEARNING CENTERS

RCMA'S COMMUNITY LEARNING CENTERS STRIVE TO BRING FREE OR AFFORDABLE
QUALITY EDUCATION TO RURAL LOW-INCOME COMMUNITIES USING TECHNOLOGY AND
CARING, CULTURALLY SENSITIVE TEACHERS AND TUTORS.

THROUGH COMMUNITY LEARNING CENTERS, RMCA PROVIDES BASIC EDUCATION
SERVICES TO ADULTS WHO HAVE NOT COMPLETED THEIR BASIC EDUCATION
STUDIES, EITHER IN U.S. SCHOOLS OR IN MEXICO.

THE COMMUNITY LEARNING CENTERS PROVIDE THREE LEVELS OF STUDIES --
LITERACY (BASIC READING AND WRITING), PRIMARY (ELEMENTARY) AND
SECONDARY (MIDDLE SCHOOL) - AND ACCREDITS STUDENTS ACCORDING TO THE
STANDARDS SET BY THE MINISTRY OF PUBLIC EDUCATION IN MEXICO. STUDENTS
ALSO CAN EARN THEIR FLORIDA GENERAL EQUIVALENCY DIPLOMA.

OUT OF SCHOOL SERVICES

RCMA PROVIDES OUT OF SCHOOL SERVICES TO APPROXIMATELY 500 SCHOOL AGE
CHILDREN. THESE SERVICES ARE PROVIDED IN SEVERAL COUNTIES IN

SCHEDULE O
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Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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2009

Open to Public
Inspection

Name of the organization

REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.

Employer identification number
59-1221966

PARTNERSHIP WITH THE HILLSBOROUGH COUNTY SCHOOL DISTRICT AND THE
HOMESTEAD HOUSING AUTHORITY. THE PRIMARY COMPONENTS OF THE SERVICES
PROVIDED INCLUDE, TUTORING, HOMEWORK HELP, LEADERSHIP DEVELOPMENT AND
RECREATIONAL ACTIVITIES.

READING IS FUNDAMENTAL

RCMA CHILDREN HAVE RECEIVED MORE THAN 100,000 FREE BOOKS THROUGH THE
READING IS FUNDAMENTAL (RIF) PROGRAM. EVERY RCMA CHILD AGES 6 WEEKS
THROUGH 12 YEARS RECEIVES A MINIMUM OF THREE BOOKS. DISTRIBUTIONS ARE
ORGANIZED AROUND A MOTIVATIONAL ACTIVITY THREE TIMES OR MORE DURING THE
SEASON WITH THE HELP OF VOLUNTEERS FROM THE COMMUNITY AND THE
CHILDREN'S FAMILIES.

TEEN PARENT PROGRAM

WHEN A TEENAGER BECOMES PREGNANT, BOTH SHE AND HER BABY FACE EVEN
GREATER CHALLENGES AT HOME AND SCHOOL. KEY GOALS OF RCMA'S TEEN PARENT
PROGRAM ARE TO EDUCATE AND SUPPORT THE TEEN MOTHERS TO BE AND PROMOTE
JOB SKILLS THAT WILL HELP THEM ACHIEVE FINANCIAL INDEPENDENCE.

RCMA STAFF ALSO WORKS CLOSELY WITH COLLABORATING AGENCIES TO ASSURE
PREGNANT TEENS RECEIVE PRENATAL AND POST-PARTUM SERVICES.

THE TEEN PARENT PROGRAM PROVIDES:

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Department of the Treasury
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Supplemental Information to Form 990

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Inspection

Name of the organization	REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.	Employer identification number	59-1221966
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- PARENTAL INVOLVEMENT AND EDUCATION ACTIVITIES.
 - QUALITY CHILD CARE FOR NEWBORNS OF HIGH SCHOOL STUDENTS.
 - OPPORTUNITIES FOR TEENS TO SHARPEN PARENTING SKILLS.
 - WORKSHOPS ON CHILD DISCIPLINE, TEEN PREGNANCY, DRUGS AND ALCOHOL, THE IMPORTANCE OF FATHERHOOD.
 - ACADEMIC ASSISTANCE TO MAINTAIN GRADES AND HELP THE STUDENT GRADUATE.
 - MEDICAL, DENTAL, NUTRITIONAL AND MENTAL HEALTH PROGRAMS.
- EXPENSES \$ 1016230. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: AFTER THE TAX RETURN IS PREPARED, IT IS PROVIDED TO THE ORGANIZATION AND REVIEWED BY THE MEMBERS OF THE GOVERNING BODY BEFORE BEING FINALIZED.

FORM 990, PART VI, SECTION B, LINE 15: THROUGHOUT THE 2008 SUMMER MONTHS, EFFECTIVE RESOURCES, INC. (ERI) ASSISTED RCMA DETERMINE THE MARKET VALUE OF APPROXIMATELY 70 JOBS, INCLUDING THE EXECUTIVE DIRECTOR AND MANAGEMENT STAFF.

ERI USED VARIOUS PUBLISHED SURVEYS INCLUDING:

1. COMPDATA SURVEY FOR FLORIDA
2. ECONOMIC RESEARCH INSTITUTE'S SALARY ASSESSOR
3. INTEGRATED EMPLOYER RESOURCES
4. SALARY SURVEY ONLINE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Name of the organization

REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.

Employer identification number
59-1221966

ERI JOB MATCHES WERE REVIEWED BY RCMA HUMAN RESOURCES TO ENSURE ACCURACY.

FORM 990, PART VI, SECTION C, LINE 19: RCMA HAS GOVERNANCE DOCUMENTS INCLUDING POLICIES AND PROCEDURES AND FINANCIAL STATEMENTS AT ITS CENTRAL LOCATION AT 402 W. MAIN STREET IN IMMOKALEE, FLORIDA AND ARE AVAILABLE FOR PUBLIC INSPECTION. IN ADDITION, THE MINUTES OF THE BOARD OF DIRECTORS MEETINGS, THE ANNUAL REPORT AND THE RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) ARE POSTED ON THE AGENCY'S WEBSITE.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

ANNE DICKINSON - 402 W. MAIN STREET, IMMOKALEE, FL 34142

GARY WISHNATZKI - 402 W. MAIN STREET, IMMOKALEE, FL 34142

JOHN NORRIS - 402 W. MAIN STREET, IMMOKALEE, FL 34142

LINDA MILES-ADAMS - 402 W. MAIN STREET, IMMOKALEE, FL 34142

OLGA VILLA, M.D., OB-GYN - 402 W. MAIN STREET, IMMOKALEE, FL 34142

NELSON LUIS - 402 W. MAIN STREET, IMMOKALEE, FL 34142

SMITA MATHUR, PH D - 402 W. MAIN STREET, IMMOKALEE, FL 34142

WILLIAM FERRARI - 402 W. MAIN STREET, IMMOKALEE, FL 34142

SCHEDULE O
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Name of the organization	REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.	Employer identification number	59-1221966
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WILMA ROBLES DE MELENDEZ, PH D - 402 W. MAIN STREET, IMMOKALEE, FL 34142

WEEDA MAE WILLIAMS - 402 W. MAIN STREET, IMMOKALEE, FL 34142

CHERLYN SCOTT - 402 W. MAIN STREET, IMMOKALEE, FL 34142

GEORGE F. SORN - 402 W. MAIN STREET, IMMOKALEE, FL 34142

JOHN DINKEL - 402 W. MAIN STREET, IMMOKALEE, FL 34142

WILLIAM LAIMBEER - 402 W. MAIN STREET, IMMOKALEE, FL 34142

MARIANNA MARTINEZ - 402 W. MAIN STREET, IMMOKALEE, FL 34142

MARIO FIGUEROA - 402 W. MAIN STREET, IMMOKALEE, FL 34142

FERNANDO PRO JR. - 402 W. MAIN STREET, IMMOKALEE, FL 34142

IRMA CRUZ - 402 W. MAIN STREET, IMMOKALEE, FL 34142

ELIZABETH VAZQUEZ - 402 W. MAIN STREET, IMMOKALEE, FL 34142

ISMAEL MAYA - 402 W. MAIN STREET, IMMOKALEE, FL 34142

FLOYD OWENS, JR. - 402 W. MAIN STREET, IMMOKALEE, FL 34142

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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2009

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Inspection

Name of the organization	REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.	Employer identification number 59-1221966
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FELIX GARCIA, III - 402 W. MAIN STREET, IMMOKALEE, FL 34142

MICHAEL STUART - 402 W. MAIN STREET, IMMOKALEE, FL 34142

RICHARD PRINGLE - 402 W. MAIN STREET, IMMOKALEE, FL 34142

STEVE PRICE - 402 W. MAIN STREET, IMMOKALEE, FL 34142

ROSA RODRIGUEZ - 402 W. MAIN STREET, IMMOKALEE, FL 34142

FRED N. THOMAS JR. - 402 W. MAIN STREET, IMMOKALEE, FL 34142

LAURETTA STEPHENS - 402 W. MAIN STREET, IMMOKALEE, FL 34142

MEDORA KROME - 402 W. MAIN STREET, IMMOKALEE, FL 34142

MICHAEL T BAYER - 402 W. MAIN STREET, IMMOKALEE, FL 34142

PAUL COVILL - 402 W. MAIN STREET, IMMOKALEE, FL 34142

ELLIS ROBINSON - 402 W. MAIN STREET, IMMOKALEE, FL 34142

ROYSTON DALEY - 402 W. MAIN STREET, IMMOKALEE, FL 34142

GYLA WISE - 402 W. MAIN STREET, IMMOKALEE, FL 34142

SCHEDULE O
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Department of the Treasury
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ASSOCIATION, INC.

Employer identification number
59-1221966

GILBERT FLORES - 402 W. MAIN STREET, IMMOKALEE, FL 34142

IRA MALAMUT - 402 W. MAIN STREET, IMMOKALEE, FL 34142

CHARLENE EDWARDS - 402 W. MAIN STREET, IMMOKALEE, FL 34142

BARBARA MAINSTER - 402 W. MAIN STREET, IMMOKALEE, FL 34142

LESLIE MOGUIL - 402 W. MAIN STREET, IMMOKALEE, FL 34142

PATRICIA RODRIGUEZ - 402 W. MAIN STREET, IMMOKALEE, FL 34142

DANIEL GUEVARA - 402 W. MAIN STREET, IMMOKALEE, FL 34142

FORM 990, PART XI, LINE 2C,

THE PROCESS FOR THE OVERSIGHT OF THE AUDIT AND SELECTION OF AN
INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2009

Department of the Treasury
Internal Revenue Service (77)

For calendar year 2009 or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**

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

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC. Number, street, and room or suite no. If a P.O. box, see page 8 of instructions. 402 W. MAIN STREET City or town, state, and ZIP code IMMOKALEE, FL 34142-3933	D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 59-1221966 E Unrelated business activity codes (See instructions for Block E on page 9.) 531190
C Book value of all assets at end of year 31939468.	F Group exemption number (See instructions for Block F.) ▶ G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity. **▶ RENTAL REAL ESTATE**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation. **▶**

J The books are in care of **▶ GILBERT FLORES, DIRECTOR OF ACCOUNTS** Telephone number **▶ 239-658-3560**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6 61,678.	95,669.	-33,991.
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule.)	12		
13 Total. Combine lines 3 through 12	13 61,678.	95,669.	-33,991.

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

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules.)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-33,991.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-33,991.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-33,991.

Part III Tax Computation	
35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:	
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	
(1) \$ _____ (2) \$ _____ (3) \$ _____	
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____	
(2) Additional 3% tax (not more than \$100,000) \$ _____	
c Income tax on the amount on line 34	35c 0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:	
<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36
37 Proxy tax. See instructions	37
38 Alternative minimum tax	38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39 0.

Part IV Tax and Payments	
40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a
b Other credits (see instructions)	40b
c General business credit. Attach Form 3800	40c
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d
e Total credits. Add lines 40a through 40d	40e
41 Subtract line 40e from line 39	41 0.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42
43 Total tax. Add lines 41 and 42	43 0.
44a Payments: A 2008 overpayment credited to 2009	44a
b 2009 estimated tax payments	44b
c Tax deposited with Form 8868	44c
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d
e Backup withholding (see instructions)	44e
f Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	44f
45 Total payments. Add lines 44a through 44f	45
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47 0.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48 0.
49 Enter the amount of line 48 you want: Credited to 2010 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	49

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 17)	
1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>
3 Enter the amount of tax-exempt interest received or accrued during the tax year	\$ _____

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

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

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

Sign Here	Signature of officer _____ Date _____	EXECUTIVE DIRECTOR _____ Title _____	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer's Use Only	Preparer's signature _____ Date _____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN 267-78-2799
	Firm's name (or yours if self-employed), address, and ZIP code OCARIZ, GITLIN & ZOMERFELD, LLP 999 PONCE DE LEON BLVD., SUITE 1045 CORAL GABLES, FL 33134	EIN 65-0715836	Phone no. 305-444-8288

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instr. on pg 18)

1. Description of property

(1)
(2)
(3)
(4) SEE STATEMENT 1

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) SEE STATEMENT 2
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 61,678.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 61,678.		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ... 95,669.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 19)

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

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 20)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

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

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions on page 20)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions on page 21)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

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

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 21)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
			%
			%
			%
			%
Total			0.

Depreciation and Amortization 990
 (Including Information on Listed Property)

2009

Attachment
 Sequence No. **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 59-1221966
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Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	800,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life						
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	0.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**REDLANDS CHRISTIAN MIGRANT
ASSOCIATION, INC.**

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year:					
43 Amortization of costs that began before your 2009 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

FORM 990-T SCHEDULE C - RENT INCOME FROM REAL PROPERTY AND STATEMENT 1
 PERSONAL PROPERTY LEASED WITH REAL PROPERTY

1. DESCRIPTION OF PROPERTY	ACTIVITY NUMBER		
1ST STREET IMMOKALEE	1		
2. RENT RECEIVED OR ACCRUED			
A. FROM PERSONAL PROPERTY IF % OF RENT IS > 10% BUT LESS THAN 50%	B. FROM REAL AND PERSONAL PROPERTY IF % OF RENT > 50% OR BASED ON INC.	3. DEDUCTION DIRECTLY CONNECTED WITH INC. IN COL. 2A OR 2B	
	7,280.	12,014.	

1. DESCRIPTION OF PROPERTY	ACTIVITY NUMBER		
JUBILATION CONDO	2		
2. RENT RECEIVED OR ACCRUED			
A. FROM PERSONAL PROPERTY IF % OF RENT IS > 10% BUT LESS THAN 50%	B. FROM REAL AND PERSONAL PROPERTY IF % OF RENT > 50% OR BASED ON INC.	3. DEDUCTION DIRECTLY CONNECTED WITH INC. IN COL. 2A OR 2B	
	8,400.	5,400.	

1. DESCRIPTION OF PROPERTY	ACTIVITY NUMBER		
LABELLE HOUSE	3		
2. RENT RECEIVED OR ACCRUED			
A. FROM PERSONAL PROPERTY IF % OF RENT IS > 10% BUT LESS THAN 50%	B. FROM REAL AND PERSONAL PROPERTY IF % OF RENT > 50% OR BASED ON INC.	3. DEDUCTION DIRECTLY CONNECTED WITH INC. IN COL. 2A OR 2B	
	2,300.	1,776.	

1. DESCRIPTION OF PROPERTY	ACTIVITY NUMBER
AVON PARK NEW BUILDING	5

2. RENT RECEIVED OR ACCRUED	3.
A. FROM PERSONAL PROPERTY IF % OF RENT IS > 10% BUT LESS THAN 50%	B. FROM REAL AND PERSONAL PROPERTY IF % OF RENT > 50% OR BASED ON INC.
	DEDUCTION DIRECTLY CONNECTED WITH INC. IN COL. 2A OR 2B
	2,750.

1. DESCRIPTION OF PROPERTY	ACTIVITY NUMBER
WIMAUMA CHARTER	6

2. RENT RECEIVED OR ACCRUED	3.
A. FROM PERSONAL PROPERTY IF % OF RENT IS > 10% BUT LESS THAN 50%	B. FROM REAL AND PERSONAL PROPERTY IF % OF RENT > 50% OR BASED ON INC.
	DEDUCTION DIRECTLY CONNECTED WITH INC. IN COL. 2A OR 2B
	40,948.
	76,479.

TOTALS	61,678.	95,669.
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FORM 990-T DEDUCTIONS CONNECTED WITH RENTAL INCOME STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INSURANCE		509.	
REPAIRS & MAINTENANCE		11,234.	
UTILITIES		271.	
- SUBTOTAL -	1		12,014.
INSURANCE		779.	
TAXES		1,593.	
REPAIRS & MAINTENANCE		106.	
DUES & SUBSCRIPTIONS		2,922.	
- SUBTOTAL -	2		5,400.
INSURANCE		710.	
REPAIRS & MAINTENANCE		300.	
UTILITIES		766.	
- SUBTOTAL -	3		1,776.
INSURANCE		20,572.	

REDLANDS CHRISTIAN MIGRANT ASSOCIATION,

59-1221966

REPAIRS & MAINTENANCE

19,200.

UTILITIES

36,707.

- SUBTOTAL -

6

76,479.

TOTAL TO FORM 990-T, SCHEDULE C, COLUMN 3

95,669.