

FORVIS MAZARS, LLP  
255 S. ORANGE AVENUE, SUITE 600  
ORLANDO, FL 32801

REDLANDS CHRISTIAN MIGRANT  
ASSOCIATION, INC.  
402 W. MAIN STREET  
IMMOKALEE, FL 34142-3933

|||||

**Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.**

**CLIENT'S COPY**

October 15, 2025

Redlands Christian Migrant  
Association, Inc.  
402 W. Main Street  
Immokalee, FL 34142-3933

Redlands Christian Migrant Association, Inc.:

Enclosed are the original and one copy of the 2023 Exempt Organization return, as follows...

2023 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Very truly yours,

Peter C. Gubler

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2024

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**Prepared For:**

Redlands Christian Migrant  
Association, Inc.  
402 W. Main Street  
Immokalee, FL 34142-3933

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**Prepared By:**

Forvis Mazars, LLP  
255 S. Orange Avenue, Suite 600  
Orlando, FL 32801

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**Amount Due or Refund:**

Not applicable

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**Make Check Payable To:**

Not applicable

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**Mail Tax Return and Check (if applicable) To:**

Not applicable

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**Return Must be Mailed On or Before:**

Not applicable

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**Special Instructions:**

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us as soon as possible.

IRS E-file Signature Authorization  
for a Tax Exempt EntityFor calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024

Do not send to the IRS. Keep for your records.

Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

2023

Department of the Treasury  
Internal Revenue ServiceName of filer **REDLANDS CHRISTIAN MIGRANT  
ASSOCIATION, INC.**EIN or SSN  
**59-1221966**Name and title of officer or person subject to tax **ISABEL GARCIA  
EXECUTIVE DIRECTOR****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b>	<b>Form 990</b> check here .....	<input checked="" type="checkbox"/>	<b>b Total revenue, if any (Form 990, Part VIII, column (A), line 12)</b> .....	<b>1b</b> <u>106,478,831.</u>
<b>2a</b>	<b>Form 990-EZ</b> check here .....	<input type="checkbox"/>	<b>b Total revenue, if any (Form 990-EZ, line 9)</b> .....	<b>2b</b> _____
<b>3a</b>	<b>Form 1120-POL</b> check here .....	<input type="checkbox"/>	<b>b Total tax (Form 1120-POL, line 22)</b> .....	<b>3b</b> _____
<b>4a</b>	<b>Form 990-PF</b> check here .....	<input type="checkbox"/>	<b>b Tax based on investment income (Form 990-PF, Part V, line 5)</b> .....	<b>4b</b> _____
<b>5a</b>	<b>Form 8868</b> check here .....	<input type="checkbox"/>	<b>b Balance due (Form 8868, line 3c)</b> .....	<b>5b</b> _____
<b>6a</b>	<b>Form 990-T</b> check here .....	<input type="checkbox"/>	<b>b Total tax (Form 990-T, Part III, line 4)</b> .....	<b>6b</b> _____
<b>7a</b>	<b>Form 4720</b> check here .....	<input type="checkbox"/>	<b>b Total tax (Form 4720, Part III, line 1)</b> .....	<b>7b</b> _____
<b>8a</b>	<b>Form 5227</b> check here .....	<input type="checkbox"/>	<b>b FMV of assets at end of tax year (Form 5227, Item D)</b> .....	<b>8b</b> _____
<b>9a</b>	<b>Form 5330</b> check here .....	<input type="checkbox"/>	<b>b Tax due (Form 5330, Part II, line 19)</b> .....	<b>9b</b> _____
<b>10a</b>	<b>Form 8038-CP</b> check here .....	<input type="checkbox"/>	<b>b Amount of credit payment requested (Form 8038-CP, Part III, line 22)</b> .....	<b>10b</b> _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only** I authorize **FORVIS MAZARS, LLP**

ERO firm name

to enter my PIN

**50505**Enter five numbers, but  
do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**50795940098**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns**.

ERO's signature **PETER C. GUBLER**

Date

**10/15/25**

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

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

Form 8879-TE (2023)

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

Type or Print	Name of exempt organization, employer, or other filer, see instructions. <b>REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.</b>	Taxpayer identification number (TIN) <b>59-1221966</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>402 W. MAIN STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>IMMOKALEE, FL 34142-3933</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name .....  
Plan Number .....  
Plan Year Ending (MM/DD/YYYY) .....

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **ISABEL GARCIA, EXECUTIVE DIRECTOR**  
**402 W. MAIN STREET - IMMOKALEE, FL 34142-3933**

Telephone No. **239-658-3560** Fax No. .....

• If the organization does not have an office or place of business in the United States, check this box .....   
• If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) ..... If this is for the whole group, check this box ..... . If it is for part of the group, check this box .....  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 ..... or  
 tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Form **8868** (Rev. 1-2024)

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

2023

Open to Public  
Inspection

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

B Check if applicable:	C Name of organization <b>REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.</b>		D Employer identification number <b>59-1221966</b>
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Doing business as Number and street (or P.O. box if mail is not delivered to street address) <b>402 W. MAIN STREET</b>		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code <b>IMMOKALEE, FL 34142-3933</b>		
	F Name and address of principal officer: <b>ISABEL GARCIA SAME AS C ABOVE</b>		E Telephone number <b>239-658-3560</b>
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			G Gross receipts \$ <b>107,732,362.</b>
J Website: <b>HTTP://WWW.RCMA.ORG</b>			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "No," attach a list. See instructions			
H(c) Group exemption number			

L Year of formation: <b>1965</b>	M State of legal domicile: <b>FL</b>
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## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC. (RCMA) WAS INCORPORATED AS A NON-PROFIT CORPORATION</b>		
	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) <b>3</b>		
	4 Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b>		
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) <b>5</b>		
	6 Total number of volunteers (estimate if necessary) <b>6</b>		
	7a Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b>		
	<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>7b</b>		
Revenue	8 Contributions and grants (Part VIII, line 1h) <b>96,924,967.</b>	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g) <b>471,243.</b>	<b>96,924,967.</b>	<b>103,902,558.</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>186,577.</b>	<b>471,243.</b>	<b>388,623.</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>665,633.</b>	<b>186,577.</b>	<b>840,339.</b>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>98,248,420.</b>	<b>665,633.</b>	<b>1,347,311.</b>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>61,500.</b>	<b>98,248,420.</b>	<b>106,478,831.</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>	<b>61,500.</b>	<b>16,000.</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>66,134,128.</b>	<b>0.</b>	<b>0.</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b>	<b>66,134,128.</b>	<b>67,110,986.</b>
	b Total fundraising expenses (Part IX, column (D), line 25) <b>1,887,879.</b>	<b>0.</b>	<b>0.</b>
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>24,197,786.</b>	<b>1,887,879.</b>	<b>23,809,539.</b>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>90,393,414.</b>	<b>24,197,786.</b>	<b>90,936,525.</b>
19 Revenue less expenses. Subtract line 18 from line 12 <b>7,855,006.</b>	<b>90,393,414.</b>	<b>15,542,306.</b>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) <b>52,852,088.</b>	BEGINNING OF CURRENT YEAR	END OF YEAR
	21 Total liabilities (Part X, line 26) <b>17,902,318.</b>	<b>52,852,088.</b>	<b>66,354,222.</b>
	22 Net assets or fund balances. Subtract line 21 from line 20 <b>34,949,770.</b>	<b>17,902,318.</b>	<b>15,862,146.</b>
		<b>34,949,770.</b>	<b>50,492,076.</b>

## 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 <b>ISABEL GARCIA, EXECUTIVE DIRECTOR</b>		Date
	Type or print name and title		
Paid	Print/Type preparer's name <b>PETER C. GUBLER</b>	Preparer's signature <b>PETER C. GUBLER</b>	Date <b>10/15/25</b>
			Check <input type="checkbox"/> if self-employed
Preparer	Firm's name <b>FORVIS MAZARS, LLP</b>		Firm's EIN <b>44-0160260</b>
Use Only	Firm's address <b>255 S. ORANGE AVENUE, SUITE 600 ORLANDO, FL 32801</b>		Phone no. (407) <b>740-5400</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

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

332001 12-21-23

Form 990 (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

REDLANDS CHRISTIAN MIGRANT  
ASSOCIATION, INC.

Form 990 (2023)

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**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III .....  X

1 Briefly describe the organization's mission:

**RCMA OPENS DOORS TO OPPORTUNITIES THROUGH QUALITY CHILD CARE AND  
EDUCATION FROM CRIB TO HIGH SCHOOL AND BEYOND.**

2 Did the organization undertake any significant program services during the year which were not listed on the

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ **16,015,993.** including grants of \$ \_\_\_\_\_) (Revenue \$ **388,623.**)  
**CHILD CARE - SUBSIDIZED**

**SEE SCHEDULE O**

**4b** (Code: \_\_\_\_\_) (Expenses \$ **47,433,812.** including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**HEAD START**

**SEE SCHEDULE O**

**4c** (Code: \_\_\_\_\_) (Expenses \$ **11,970,751.** including grants of \$ **16,000.**) (Revenue \$ \_\_\_\_\_)  
**CHARTER SCHOOLS**

**SEE SCHEDULE O**

4d Other program services (Describe on Schedule O.)

(Expenses \$ **4,709,543.** including grants of \$ \_\_\_\_\_) (Revenue \$ **459,873.**)

**4e** Total program service expenses **80,130,099.**

Form 990 (2023)

REDLANDS CHRISTIAN MIGRANT  
ASSOCIATION, INC.

Form 990 (2023)

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**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
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> .....	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	3 X	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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> .....	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	7 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> .....	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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> .....	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. <ul style="list-style-type: none"> <li>a 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> .....</li> <li>b 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> .....</li> <li>c 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> .....</li> <li>d 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> .....</li> <li>e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....</li> <li>f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....</li> </ul>		
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	11a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	11b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?  b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	14a X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	14b X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	15 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. See instructions</i> .....	16 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> .....	17 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> .....	18 X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	19 X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	20a X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	20b X	
	21 X	

REDLANDS CHRISTIAN MIGRANT  
ASSOCIATION, INC.

Form 990 (2023)

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**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III .....	22	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? If "Yes," complete Schedule J .....	23	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a .....	24a	X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	24b	
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	24c	
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	24d	
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I .....	25a	X
25b	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? If "Yes," complete Schedule L, Part I .....	25b	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II .....	26	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III .....	27	X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
28a	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV .....	28a	X
28b	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .....	28b	X
28c	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV .....	28c	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M .....	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M .....	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .....	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II .....	32	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? If "Yes," complete Schedule R, Part I .....	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 .....	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	35a	X
35b	b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 .....	35b	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 .....	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI .....	37	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O .....	38	X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	1a	15
1b	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	1b	0
1c	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	1c	X

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**Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)**

	Yes	No
<b>2a</b> 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	2007
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	2b	X
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	3a	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> .....	3b	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	4a	X
<b>b</b> If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....		
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	5b	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....	5c	
<b>6a</b> 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 as charitable contributions? .....	6a	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	6b	
<b>7</b> <b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	X
<b>a</b> 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? .....	7b	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	7c	X
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	7d	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year .....	7e	X
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	7f	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	7g	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....	7h	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	8	
<b>8</b> <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....	9a	
<b>9</b> <b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
<b>10</b> <b>Section 501(c)(7) organizations.</b> Enter:	10a	
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 .....	10b	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....		
<b>11</b> <b>Section 501(c)(12) organizations.</b> Enter:	11a	
<b>a</b> Gross income from members or shareholders .....	11b	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....		
<b>12a</b> <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....	12a	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....	12b	
<b>13</b> <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13a	
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? .....		
Note: See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans .....	13b	
<b>c</b> Enter the amount of reserves on hand .....	13c	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? .....	14a	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .....	14b	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....	15	X
If "Yes," see the instructions and file Form 4720, Schedule N.		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....	16	X
If "Yes," complete Form 4720, Schedule O.		
<b>17</b> <b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? .....	17	
If "Yes," complete Form 6069.		

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**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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .....	1a	27
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent .....	1b	27
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? .....	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .....	5	X
6	Did the organization have members or stockholders? .....	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	X
a	The governing body? .....	8b	X
b	Each committee with authority to act on behalf of the governing body? .....	9	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 on Schedule O .....		

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

	Yes	No	
10a	Did the organization have local chapters, branches, or affiliates? .....	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	11a	X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	12b	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	12c	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....	13	X
13	Did the organization have a written whistleblower policy? .....	14	X
14	Did the organization have a written document retention and destruction policy? .....	15a	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?	15b	X
a	The organization's CEO, Executive Director, or top management official .....	16a	X
b	Other officers or key employees of the organization .....	16b	
	If "Yes" to line 15a or 15b, describe the process on 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? .....		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records  
**ISABEL GARCIA, EXECUTIVE DIRECTOR - 239-658-3560**  
**402 W. MAIN STREET, IMMOKALEE, FL 34142-3933**

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

Check if Schedule O contains a response or note to any line in this Part VII

**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.

- 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, if any. See the instructions for definition of "key employee."

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) ISABEL GARCIA VARGAS EXECUTIVE DIRECTOR	50.00		X				182,259.	0.	0.
(2) CATALINA SEPULVEDA ASSOCIATE EXECUTIVE DIRECT	50.00		X				153,049.	0.	0.
(3) MARIA AZUCENA QUINTANILLA FORMER DIRECTOR OF HUMAN R	50.00		X				137,456.	0.	0.
(4) KATHY MARIE VARGAS ASSOCIATE EXECUTIVE DIRECT	50.00		X				115,768.	0.	0.
(5) MARK HAGGETT CHARTER SCHOOL PRINCIPAL	50.00			X			109,803.	0.	0.
(6) GLORIDA LUNA MOORMAN DIRECTOR OF DEVELOPMENT	50.00			X			107,761.	0.	0.
(7) JUANA BROWN DIRECTOR OF CHARTER SCHOOL	50.00			X			106,861.	0.	0.
(8) OLIVIA KAITLIN CHORRA DIRECTOR OF OPERATIONS?HEAD START MA	50.00			X			105,841.	0.	0.
(9) KIMBERLY ELAINE GUINN SENIOR ACCOUNTANT	50.00			X			102,269.	0.	0.
(10) LINDA MILES ADAMS PRESIDENT	1.00	X	X				0.	0.	0.
(11) MEDORA KROME FORMER PRESIDENT	1.00	X	X				0.	0.	0.
(12) MICHAEL T. BAYER VICE PRESIDENT	1.00	X	X				0.	0.	0.
(13) JAIME WEISINGER VICE PRESIDENT	1.00	X	X				0.	0.	0.
(14) JOAQUIN PEREZ VICE PRESIDENT	1.00	X	X				0.	0.	0.
(15) SANDRA HIGHTOWER, PHD VICE PRESIDENT	1.00	X	X				0.	0.	0.
(16) BARBARA MAINSTER ROLLASON VICE PRESIDENT	1.00	X	X				0.	0.	0.
(17) DONNA GAFFNEY VICE PRESIDENT	1.00	X	X				0.	0.	0.

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Part VII

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(18) RICHARD PRINGLE SECRETARY	1.00	X	X				0.	0.	0.
(19) LARRY SALUSTRO TREASURER	1.00	X	X				0.	0.	0.
(20) WILMA ROBLES DE MELENDEZ, PHD BOARD MEMBER	1.00	X					0.	0.	0.
(21) AL, J. HINSON BOARD MEMBER	1.00	X					0.	0.	0.
(22) ANSBERTO VALLEJO BOARD MEMBER	1.00	X					0.	0.	0.
(23) SONIA TIGHE BOARD MEMBER	1.00	X					0.	0.	0.
(24) SUSANNE A. BIZERRA BOARD MEMBER	1.00	X					0.	0.	0.
(25) AEDAN J. DOWLING BOARD MEMBER	1.00	X					0.	0.	0.
(26) MIRTA NEGRINI BOARD MEMBER	1.00	X					0.	0.	0.
<b>1b Subtotal</b>							<b>1,121,067.</b>	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>							<b>1,121,067.</b>	0.	0.

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

9

	Yes	No
3		X
4	X	
5		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
AVON PARK COMMUNITY DAY CARE CENTER 800 SOUTH DELANEY, AVON PARK, FL 33825	CHILD CARE SERVICES	493,093.

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

1

SEE PART VII, SECTION A CONTINUATION SHEETS

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## Part VII

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

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**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		<b>(A) Total revenue</b>	<b>(B) Related or exempt function revenue</b>	<b>(C) Unrelated business revenue</b>	<b>(D) Revenue excluded from tax under sections 512 - 514</b>	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns .....	1a 433,720.				
	1 b Membership dues .....	1b				
	1 c Fundraising events .....	1c				
	1 d Related organizations .....	1d				
	1 e Government grants (contributions) .....	1e 101,578,523.				
	1 f All other contributions, gifts, grants, and similar amounts not included above ...	1f 1,890,315.				
	1 g Noncash contributions included in lines 1a-1f .....	1g \$ 528.				
	<b>1 h Total. Add lines 1a-1f .....</b>	<b>103902558.</b>				
<b>Program Service Revenue</b>	<b>Business Code</b>					
	2 a CHILD CARE FEES .....	624410	388,623.	388,623.		
	2 b					
	2 c					
	2 d					
	2 e					
2 f All other program service revenue .....		388,623.				
<b>2 g Total. Add lines 2a-2f .....</b>		<b>388,623.</b>				
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts) .....		195,510.		195,510.	
	4 Income from investment of tax-exempt bond proceeds .....					
	5 Royalties .....					
	6 a Gross rents .....	(i) Real	(ii) Personal			
	6 a	6a 1,543,629.				
	6 b Less: rental expenses .....	6b 1,083,756.				
	6 c Rental income or (loss) .....	6c 459,873.				
	6 d Net rental income or (loss) .....		459,873.	459,873.		
	7 a Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other			
	7 a	7a 306,291.	338,538.			
7 b Less: cost or other basis and sales expenses .....	7b 0.	0.				
7 c Gain or (loss) .....	7c 306,291.	338,538.				
7 d Net gain or (loss) .....		644,829.			644,829.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....						
8 a	8a 1,057,213.					
8 b Less: direct expenses .....	8b 169,775.					
8 c Net income or (loss) from fundraising events .....		887,438.			887,438.	
9 a Gross income from gaming activities. See Part IV, line 19 .....	9a	9b				
9 b Less: direct expenses .....	9b					
9 c Net income or (loss) from gaming activities .....						
10 a Gross sales of inventory, less returns and allowances .....	10a	10b				
10 b Less: cost of goods sold .....	10b					
10 c Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>	<b>Business Code</b>					
	11 a .....					
	11 b					
	11 c					
	11 d All other revenue .....					
<b>11 e Total. Add lines 11a-11d .....</b>						
<b>12 Total revenue. See instructions .....</b>		<b>106478831.</b>	<b>848,496.</b>	<b>0.</b>	<b>1727777.</b>	

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**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).

Check if Schedule O contains a response or note to any line in this Part IX

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 domestic organizations and domestic governments. See Part IV, line 21 .....				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....	16,000.	16,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....				
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 .....	55,904,128.	50,200,858.	4,211,891.	1,491,379.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	1,211,077.	1,110,607.	84,443.	16,027.
9 Other employee benefits .....	6,769,910.	6,208,280.	472,038.	89,592.
10 Payroll taxes .....	3,225,871.	2,958,253.	224,927.	42,691.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	946,769.	133,906.	752,600.	60,263.
c Accounting .....	198,000.	28,004.	157,393.	12,603.
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	349,854.	49,481.	278,104.	22,269.
12 Advertising and promotion .....	87,800.	71,394.	14,675.	1,731.
13 Office expenses .....	594,851.	533,928.	56,038.	4,885.
14 Information technology .....	1,152,039.	988,735.	147,689.	15,615.
15 Royalties .....				
16 Occupancy .....	7,252,669.	6,572,694.	626,682.	53,293.
17 Travel .....	1,369,488.	1,156,578.	203,042.	9,868.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	1,168,135.	1,036,168.	103,724.	28,243.
20 Interest .....	136,620.	94,548.	42,072.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	2,579,583.	1,583,317.	996,266.	
23 Insurance .....				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FOOD	2,421,078.	2,420,445.	633.	
b SUPPLIES	2,417,603.	2,314,199.	103,192.	212.
c MISCELLANEOUS AND OTHER	1,988,858.	1,617,238.	332,412.	39,208.
d CONSUMABLE EQUIPMENT	878,267.	792,159.	86,108.	
e All other expenses	267,925.	243,307.	24,618.	
25 Total functional expenses. Add lines 1 through 24e	90,936,525.	80,130,099.	8,918,547.	1,887,879.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

REDLANDS CHRISTIAN MIGRANT  
ASSOCIATION, INC.

Form 990 (2023)

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**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	7,921,730.	1	2,262,996.
	2 Savings and temporary cash investments .....	6,805,964.	2	2,404,230.
	3 Pledges and grants receivable, net .....	6,303,566.	3	7,135,521.
	4 Accounts receivable, net .....	1,247,573.	4	1,568,222.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	972,974.	9	613,840.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 99,103,879.		
	b Less: accumulated depreciation .....	10b 52,604,886.	10c 28,641,376.	46,498,993.
	11 Investments - publicly traded securities .....	383,848.	11	5,274,558.
	12 Investments - other securities. See Part IV, line 11 .....		12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	575,057.	15	595,862.
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	52,852,088.	16	66,354,222.
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	13,241,994.	17	13,545,549.
	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 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....	3,067,934.	23	1,845,205.
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,592,390.	25	471,392.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	17,902,318.	26	15,862,146.
<b>Net Assets or Fund Balances</b>	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions .....	18,516,016.	27	35,364,917.
	28 Net assets with donor restrictions .....	16,433,754.	28	15,127,159.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds .....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund .....		30	
	31 Retained earnings, endowment, accumulated income, or other funds .....		31	
	32 Total net assets or fund balances .....	34,949,770.	32	50,492,076.
	<b>33 Total liabilities and net assets/fund balances</b> .....	52,852,088.	33	66,354,222.

Form 990 (2023)

REDLANDS CHRISTIAN MIGRANT  
ASSOCIATION, INC.

Form 990 (2023)

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**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12) .....	1 106,478,831.
2 Total expenses (must equal Part IX, column (A), line 25) .....	2 90,936,525.
3 Revenue less expenses. Subtract line 2 from line 1 .....	3 15,542,306.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	4 34,949,770.
5 Net unrealized gains (losses) on investments .....	5
6 Donated services and use of facilities .....	6
7 Investment expenses .....	7
8 Prior period adjustments .....	8
9 Other changes in net assets or fund balances (explain on Schedule O) .....	9 0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .....	10 50,492,076.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other .....		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....	2a	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant? .....	2b	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c 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? .....	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....	3a	X
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....	3b	X

Form 990 (2023)

**SCHEDULE A**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization	REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.	Employer identification number 59-1221966
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**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 12, 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 (Form 990).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**REDLANDS CHRISTIAN MIGRANT  
ASSOCIATION, INC.**

Schedule A (Form 990) 2023

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**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	76883205.	79964751.	84655970.	96924967.	103902558	442331451
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 <b>Total.</b> Add lines 1 through 3 .....	76883205.	79964751.	84655970.	96924967.	103902558	442331451
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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						442331451

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4 .....	76883205.	79964751.	84655970.	96924967.	103902558	442331451
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	16,668.	29,230.	155,718.	434,200.	655,383.	1291199.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...	99,182.	175,366.	261,183.			535,731.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	167,286.	106,062.	84,898.			358,246.
<b>11 Total support.</b> Add lines 7 through 10						444516627
<b>12 Gross receipts from related activities, etc. (see instructions)</b> .....				12		1,883,147.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	14	99.51	%
15 Public support percentage from 2022 Schedule A, Part II, line 14 .....	15	99.51	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....			
<input checked="" type="checkbox"/>			
<b>b 33 1/3% support test - 2022.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization .....			
<input type="checkbox"/>			
<b>17a 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			
<input type="checkbox"/>			
<b>b 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			
<input type="checkbox"/>			
<b>18 Private foundation.</b> 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"/>			

Schedule A (Form 990) 2023

**REDLANDS CHRISTIAN MIGRANT  
ASSOCIATION, INC.**

Schedule A (Form 990) 2023

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**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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 2023 (line 8, column (f), divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17 .....	18	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** 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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).

b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c Substitutions only. Was the substitution the result of an event beyond the organization's control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete **Part I** of Schedule L (Form 990).

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete **Part I** of Schedule L (Form 990).

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.

c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

**Part IV Supporting Organizations (continued)**

11 Has the organization accepted a gift or contribution from any of the following persons?

- A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- A family member of a person described on line 11a above?
- A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

- The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below.
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

	Yes	No
2a		
2b		
3a		
3b		

## 2 Activities Test. Answer lines 2a and 2b below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

## 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

**REDLANDS CHRISTIAN MIGRANT  
ASSOCIATION, INC.**

Schedule A (Form 990) 2023

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**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

**REDLANDS CHRISTIAN MIGRANT  
ASSOCIATION, INC.**

Schedule A (Form 990) 2023

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**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

## Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

**REDLANDS CHRISTIAN MIGRANT  
ASSOCIATION, INC.**

Employer identification number

59-1221966

Organization type (check one):

**Filers of:**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 organizationForm 990-PF  501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules** For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization

REDLANDS CHRISTIAN MIGRANT  
ASSOCIATION, INC.

Employer identification number

59-1221966

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 50,625,287.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 19,754,305.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 3,874,777.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

REDLANDS CHRISTIAN MIGRANT  
ASSOCIATION, INC.

Employer identification number

59-1221966

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____

Name of organization

REDLANDS CHRISTIAN MIGRANT  
ASSOCIATION, INC.

Employer identification number

59-1221966

**Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. once.) \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(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" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**Open to Public  
InspectionName 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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of 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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
	<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> 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.		<b>Held at the End of the Tax Year</b>
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 on line 2a .....	2c	
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....		
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....		
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, 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 XIII the text of the footnote to its financial statements that describes these items.	\$ .....
b If the organization elected, as permitted under FASB ASC 958, 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) Revenue included on 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 FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1 .....	\$ .....
b Assets included in Form 990, Part X .....	\$ .....

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

Schedule D (Form 990) 2023

332051 09-28-23

**REDLANDS CHRISTIAN MIGRANT  
ASSOCIATION, INC.**

Schedule D (Form 990) 2023

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**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 make 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 program  
 e  Other \_\_\_\_\_

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

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 the organization answered "Yes" on 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 XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance .....

d Additions during the year .....

e Distributions during the year .....

f Ending balance .....

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds** Complete if the organization answered "Yes" on 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 .....	511,235.				
b Contributions .....		511,235.			
c Net investment earnings, gains, and losses .....	18,873.				
d Grants or scholarships .....					
e Other expenditures for facilities and programs .....					
f Administrative expenses .....					
g End of year balance .....	530,108.	511,235.			

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 95.9920 %  
 b Permanent endowment 4.0080 %  
 c Term endowment \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

(i) Unrelated organizations? .....

(ii) Related organizations? .....

Yes	No
3a(i)	X
3a(ii)	X
3b	

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

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

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....	2,015,748.			2,015,748.
b Buildings .....	37,557,214.	28,713,764.		8,843,450.
c Leasehold improvements .....	16,322,592.	13,771,199.		2,551,393.
d Equipment .....	12,121,780.	10,119,923.		2,001,857.
e Other .....	31,086,545.			31,086,545.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 46,498,993.

Schedule D (Form 990) 2023

**REDLANDS CHRISTIAN MIGRANT  
ASSOCIATION, INC.**

Schedule D (Form 990) 2023

59-1221966 Page 3

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))</b>		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))</b>		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))</b>	

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes .....	
(2) <b>ADVANCES FROM FUNDING AGENCIES</b>	<b>471,392.</b>
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))</b>	<b>471,392.</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Schedule D (Form 990) 2023

REDLANDS CHRISTIAN MIGRANT  
ASSOCIATION, INC.

Schedule D (Form 990) 2023

59-1221966 Page 4

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	110,559,932.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains (losses) on investments	2a
b	Donated services and use of facilities	2b 3,911,326.
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIII.)	2d
e	Add lines 2a through 2d	2e 3,911,326.
3	Subtract line 2e from line 1	3 106,648,606.
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 XIII.)	4b -169,775.
c	Add lines 4a and 4b	4c -169,775.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 106,478,831.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1 95,017,626.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a 3,911,326.
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIII.)	2d 169,775.
e	Add lines 2a through 2d	2e 4,081,101.
3	Subtract line 2e from line 1	3 90,936,525.
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 XIII.)	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 90,936,525.

**Part XIII Supplemental Information**

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

RCMA HAS BEEN NAMED THE BENEFICIARY OF AN ENDOWMENT FUND WHICH IS HELD BY THE COMMUNITY FOUNDATION OF COLLIER COUNTY ("COLLIER FUNDS"). THE EARNINGS FROM THE COLLIER FUNDS ARE TO BE USED TO SUPPLEMENT RCMA'S OPERATIONS OR PROGRAMS AS NET ASSETS WITHOUT DONOR RESTRICTION.

RCMA ALSO ADMINISTERS FUNDS WHICH ARE HELD BY THE COMMUNITY FOUNDATION OF TAMPA BAY ("TAMPA FUNDS") FOR THE BENEFIT OF FARM WORKER FAMILIES' EDUCATION. THE TAMPA FUNDS ARE USED BY RCMA TO PROVIDE SCHOLARSHIPS TO INDIVIDUALS FROM FARM WORKER BACKGROUNDS. RECIPIENTS OF SCHOLARSHIP FUNDS ARE SELECTED BY AN INDEPENDENT COMMITTEE MADE UP OF RCMA'S STAFF AND BOARD MEMBERS.

**Part XIII** **Supplemental Information** *(continued)*

INVESTMENT OF THE ENDOWMENTS ARE MANAGED BY THE RESPECTIVE COMMUNITY FOUNDATIONS SUBJECT TO THEIR POLICY OBJECTIVES AND REWARDS TO PRESERVE AND GROW THE CORPUS.

PART X, LINE 2:

RCMA IS ORGANIZED AS A NOT-FOR-PROFIT RCMA AND IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. RCMA IS SUBJECT TO THE ACCOUNTING STANDARDS ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT DOES NOT BELIEVE IT HAS TAKEN ANY TAX POSITIONS THAT ARE SUBJECT TO A SIGNIFICANT DEGREE OF UNCERTAINTY.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT COST OF FUNDRAISING EVENTS -169,775.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT COST OF FUNDRAISING EVENTS 169,775.

**SCHEDULE E  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Schools**Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or  
Form 990-EZ, Part VI, line 48.

OMB No. 1545-0047

**2023**Open to Public  
InspectionName of the organization **REDLANDS CHRISTIAN MIGRANT  
ASSOCIATION, INC.** Employer identification number **59-1221966****Part I**

1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....

2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....

3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II .....

**THE NONDISCRIMINATION STATEMENT APPEARS IN ALL NOTICES.**

.....  
.....  
.....

	YES	NO
1	X	
2	X	
3	X	

4 Does the organization maintain the following?

a Records indicating the racial composition of the student body, faculty, and administrative staff? .....

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....

d Copies of all material used by the organization or on its behalf to solicit contributions? .....

If you answered "No" to any of the above, please explain. If you need more space, use Part II.

.....  
.....  
.....

4a	X
4b	X
4c	X
4d	X

5 Does the organization discriminate by race in any way with respect to:

a Students' rights or privileges? .....

b Admissions policies? .....

c Employment of faculty or administrative staff? .....

d Scholarships or other financial assistance? .....

e Educational policies? .....

f Use of facilities? .....

g Athletic programs? .....

h Other extracurricular activities? .....

If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

.....  
.....  
.....

5a	X
5b	X
5c	X
5d	X
5e	X
5f	X
5g	X
5h	X

6a Does the organization receive any financial aid or assistance from a governmental agency? .....

b Has the organization's right to such aid ever been revoked or suspended? .....

If you answered "Yes" on either line 6a or line 6b, explain on Part II.

7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II .....

6a	X
6b	X
7	X

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

Schedule E (Form 990) 2023

**Part II** **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

REVENUES FOR CURRENT OPERATIONS ARE RECEIVED PRIMARILY FROM THE STATE OF FLORIDA PASSED THROUGH THE FLORIDA DIVISION OF EARLY LEARNING.

SUPPLEMENTAL INFORMATION:

RCMA OPERATES TWO CHARTER SCHOOLS THAT PROVIDE KINDERGARTEN THROUGH GRADE EIGHT EDUCATION (COLLECTIVELY, THE "CHARTER SCHOOLS") WHICH OPERATE WITHIN THE FLORIDA COUNTIES OF COLLIER AND HILLSBOROUGH. THE IMMOKALEE COMMUNITY ACADEMY ("ICA") HAS A FIVE-YEAR AGREEMENT THAT CURRENTLY EXTENDS THROUGH 2027 WITH THE COLLIER COUNTY PUBLIC DISTRICT SCHOOL BOARD. THE WIMAUMA ACADEMY ("WCA"), HAS A TEN-YEAR CHARTER THAT CURRENTLY EXTENDS THROUGH 2030 WITH THE HILLSBOROUGH COUNTY PUBLIC DISTRICT SCHOOL BOARD.

IN AUGUST 2023, RCMA OPENED ITS NEWEST SCHOOL, MULBERRY COMMUNITY ACADEMY (MCA), LOCATED IN THE RURAL FARMWORKER COMMUNITY OF MULBERRY IN POLK COUNTY. MCA'S MISSION IS TO CLOSE THE OPPORTUNITY GAP FOR STUDENTS AND THEIR FAMILIES. THE SCHOOL OPERATES IN A NEWLY RENOVATED TEMPORARY FACILITY ALONGSIDE RCMA'S MIGRANT HEAD START CENTER. MCA IS RCMA'S FIRST CHARTER SCHOOL TO OPEN AS A SCHOOL OF HOPE, RECEIVING THIS DESIGNATION FROM THE FLORIDA STATE BOARD OF EDUCATION. RCMA BECAME THE FIFTH CHARTER SCHOOL OPERATOR IN FLORIDA TO ACHIEVE THIS DISTINCTION. SCHOOLS OF HOPE IS AN INNOVATIVE PROGRAM FROM THE DEPARTMENT OF EDUCATION THAT PROVIDES A PATH FOR HIGH-PERFORMING CHARTER OPERATORS TO SERVE UNDERSERVED STUDENTS THROUGH RESULTS-DRIVEN EDUCATIONAL PROGRAMS.

## **SCHEDULE G (Form 990)**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

2023

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization	REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.	Employer identification number 59-1221966
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**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

**Total** ..... 100

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 <b>MULBERRY CAPITAL</b> (event type)	(b) Event #2 <b>GOLF OUTING</b> (event type)	(c) Other events 6 (total number)	(d) Total events (add col. (a) through col. (c))
1 Gross receipts .....	754,869.	123,483.	178,861.	1,057,213.
2 Less: Contributions .....				
3 Gross income (line 1 minus line 2) .....	754,869.	123,483.	178,861.	1,057,213.
4 Cash prizes .....		2,400.		2,400.
5 Noncash prizes .....		224.		224.
6 Rent/facility costs .....	57,551.	12,200.		69,751.
7 Food and beverages .....		4,871.		4,871.
8 Entertainment .....				
9 Other direct expenses .....	68,490.	12,309.	11,730.	92,529.
10 Direct expense summary. Add lines 4 through 9 in column (d) .....				169,775.
11 Net income summary. Subtract line 10 from line 3, column (d) .....				887,438.

**Part III Gaming.** Complete if the organization answered "Yes" on 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 .....				
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. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? \_\_\_\_\_  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_\_\_\_\_  Yes  No

b If "Yes," explain: \_\_\_\_\_

11 Does the organization conduct gaming activities with nonmembers?  Yes  No

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?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility .....

b An outside facility .....

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? .....  Yes  No

**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

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

## Part IV

## **Supplemental Information** *(continued)*

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

2023

Open to Public  
Inspection

Name of the organization	REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.	Employer identification number 59-1221966
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**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table \_\_\_\_\_

3 Enter total number of other organizations listed in the line 1 table \_\_\_\_\_

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

Schedule I (Form 990) 2023

**Part III**

**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	8	16,000.	0.		

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.**FORM 990, SCHEDULE I, PART III**

CRITERIA FOR SCHOLARSHIPS ARE ESTABLISHED BY THE PHOEBE VONP KROME  
TRUST, DATED NOVEMBER 26, 2002, UNDER WHICH TRUST RCMA ADMINISTERS THE  
SCHOLARSHIP FUNDS.

ANNUAL DISTRIBUTIONS FOR SCHOLARSHIPS ARE CONSISTENT WITH THE TERMS OF  
THE ORDER FOR JUDICIAL MODIFICATION OF IRREVOCABLE TRUST, ENTERED JULY  
23, 2014, CIRCUIT COURT MIAMI-DADE COUNTY, AND THE SPENDING PLAN FILED  
WITH THE COMMUNITY FOUNDATION OF TAMPA.

**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" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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**2023**

Open to Public  
Inspection

Name of the organization	REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.	Employer identification number 59-1221966
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**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<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 (such as 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 .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed on 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? .....

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on 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? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

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

Schedule J (Form 990) 2023

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

### **Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

## **Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2023**

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:

UNDER THE LAWS OF THE STATE OF FLORIDA, FOR THE PURPOSE OF

ADMINISTERING DAY CARE CENTERS AND EARLY CHILDHOOD EDUCATION CENTERS

FOR CHILDREN OF MIGRANTS AND OTHER RURAL POOR. RCMA ACHIEVES ITS

PURPOSE THROUGH A VARIETY OF PROGAMS FUNDED SUBSTANTIALLY BY STATE AND

FEDERAL GRANTS AND INDIVIDUAL CONTRIBUTORS.

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

CHILD CARE SUBSIDIZED:

FROM THREE MODEST CHILD-CARE CENTERS WITH 75 CHILDREN IN 1965, RCMA

TODAY SERVES NEARLY 5,658 CHILDREN OF MIGRANT FARM WORKERS AND RURAL,

LOW-INCOME FAMILIES IN 53 CENTERS, 3 CHARTER SCHOOLS AND 21 CHILD CARE

PARTNERS 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 NON-PROFIT PROVIDER OF CHILD-CARE SERVICES IN

FLORIDA, ACROSS 18 COUNTIES. LIKE OTHER CHILDREN RCMA SERVES, MOST OF

THOSE ENROLLED SPEAK ENGLISH AS A SECOND LANGUAGE, IF AT ALL.

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

Name of the organization	REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.
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Employer identification number	59-1221966
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DEVELOPMENT CREDENTIALS, FAMILY DEVELOPMENT CREDENTIALS, ASSOCIATE'S  
DEGREES OR BACHELOR'S DEGREES 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 ACADEMIC YEAR.

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, FLORIDA'S 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:

HEAD START:

HEAD START, EARLY HEAD START AND MIGRANT HEAD START ARE COMPREHENSIVE  
CHILD-DEVELOPMENT PROGRAMS THAT SERVE PREGNANT WOMEN, CHILDREN FROM  
BIRTH TO AGE 5 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

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

Employer identification number	59-1221966
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SERVED. MOST OF OUR STAFF IS BILINGUAL, AND MANY ARE FORMER MIGRANT FARM WORKERS, INCLUDING OUR EXECUTIVE DIRECTOR AND DIRECTOR OF FARMWORKER ADVOCACY.

HEAD START NATIONALLY EVOLVED FROM A TASK FORCE RECOMMENDATION IN 1964 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 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:

CHARTER SCHOOLS:

RCMA OPERATES TWO CHARTER SCHOOLS (PUBLIC SCHOOLS OF CHOICE), THE IMMOKALEE COMMUNITY ACADEMY IN EASTERN COLLIER COUNTY AND THE WIMAUMA COMMUNITY 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 AND MIDDLE SCHOOL IN HILLSBOROUGH AND COLLIER

Name of the organization	REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.
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Employer identification number	59-1221966
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COUNTIES. TEST RESULTS CONFIRM THAT THE LONGER STUDENTS REMAIN WITH RCMA, THE BETTER THEY PERFORM IN SCHOOL. WHEN ONE CONSIDERS THAT MANY OF OUR STUDENTS ARE TESTED IN THEIR SECOND LANGUAGE, THEIR ACCOMPLISHMENTS ARE QUITE IMPRESSIVE.

THE ACADEMIC FOCUS IS THE IMPROVEMENT OF LANGUAGE AND MATH USING A THEMATIC AND INTEGRATIVE APPROACH, WHICH IMMERSES 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 WIMAUMA COMMUNITY ACADEMY (KINDERGARTEN THROUGH FIFTH) AND THE IMMOKALEE COMMUNITY ACADEMY (KINDERGARTEN THROUGH SIXTH GRADE) WERE ORIGINALLY CHARTERED IN 2000. WIMAUMA ACADEMY AND LEADERSHIP ACADEMY SCHOOLS CONSOLIDATED IN 2020 AND A 10 CHARTER YEAR WAS RENEWED TO 2030. IMMOKALEE COMMUNITY ACADEMY IS RENEWED ITS CHARTER IN 2021 AND ADDED 7TH & 8TH GRADE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  
FOOD SERVICE PROGRAM - TO PROVIDE BASIC FOOD AND NUTRITION FOR ALL CHILDREN SERVED IN OUR CENTERS.

IMMIGRATION ASSISTANCE PROGRAM:

OVER 80% OF THE FAMILIES RCMA SERVES ARE EMPLOYED IN THE AGRICULTURAL SECTOR. A SIGNIFICANT PERCENTAGE OF THOSE FAMILIES MIGRATE AND THE MAJORITY ARE FOREIGN-BORN. ALL OF OUR FAMILIES ARE SIGNIFICANTLY IMPACTED BY IMMIGRATION POLICY AND ENFORCEMENT. RCMA HAS DEVELOPED A

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MULTI-FACETED IMMIGRATION SUPPORT PROGRAM THAT BUILDS ON EXISTING PROGRAMS AND SERVICES. RCMA'S IMMIGRATION PROGRAM INCLUDES LEADERSHIP TRAINING AND DEVELOPMENT, ADVOCACY, IMMIGRATION SUPPORT SERVICES AND PUBLIC EDUCATION CAMPAIGNS.

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, RCMA 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 PARTNERSHIP WITH THE HILLSBOROUGH COUNTY SCHOOL DISTRICT, THE HOMESTEAD

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HOUSING AUTHORITY AND RCMA CHARTER SCHOOLS. THE PRIMARY COMPONENTS OF THE SERVICES PROVIDED INCLUDE, TUTORING, HOMEWORK HELP, LEADERSHIP DEVELOPMENT AND RECREATIONAL ACTIVITIES.

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, AND PROVIDES QUALITY CHILD CARE FOR NEWBORNS OF HIGH SCHOOL STUDENTS.

EXPENSES \$ 4,709,543. INCLUDING GRANTS OF \$ 0. REVENUE \$ 459,873.

FORM 990, PART VI, SECTION B, LINE 11B:

AFTER THE TAX RETURN IS PREPARED, IT IS PROVIDED TO ALL MEMBERS OF THE GOVERNING BODY, REVIEWED AT A SPECIAL MEETING OF THE FINANCE COMMITTEE, AND DISCUSSED AT THE NEXT MEETING OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 12C:

DURING THE ANNUAL RCMA BOARD MEETING IN JANUARY, EACH BOARD MEMBER SIGNS THE CODE OF ETHICS FORM AND ACKNOWLEDGES COMPLIANCE WITH THE CODE OF ETHICS AND CONFLICT OF INTEREST DISCLOSURE. THIS FORM IS KEPT ON FILE AT THE RCMA STATE OFFICE.

FORM 990, PART VI, SECTION B, LINE 15:

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IN FY 2019-2020, RCMA CONTRACTED WITH WIPFLI TO PERFORM A WAGE COMPARABILITY STUDY AND AVERAGE RATES OF PAY FOR A NUMBER OF BENCHMARK POSITIONS, INCLUDING CENTER LEVEL STAFF. THESE WERE REVIEWED TO DETERMINE IF THEY WERE REASONABLE AND CONSISTENT WITH THOSE IN THE FLORIDA NOT-FOR-PROFIT LABOR MARKET. DATA FROM A VARIETY OF COMPENSATION SURVEYS WAS REVIEWED AND ALSO UTILIZED FOR THE PURPOSE OF DETERMINING NEEDED ADJUSTMENTS. MOST EMPLOYEES WERE FOUND TO BE PAID WITHIN THE ESTABLISHED RCMA PAY RANGES. FOR THOSE FOUND TO BE PAID BELOW THE MINIMUM PAY RANGE FOR THEIR POSITION, THE RECOMMENDATION WAS FOR RCMA TO CONSIDER MAKING MARKET ADJUSTMENTS TO BETTER ALIGN THEIR COMPENSATION WITHIN THEIR DESIGNATED PAY GRADE. MANAGEMENT REVIEWED THE RECOMMENDATIONS OF THE WAGE STUDY TO ENSURE THAT EMPLOYEES RECEIVE COMPARABLE WAGES FOR WORK PERFORMED. AS PART OF THEIR THREE YEAR STRATEGIC PLANNING, THE RCMA BOARD OF DIRECTORS ALSO IDENTIFIED THE NEED TO IMPROVE OUR ABILITY TO RETAIN TEACHERS AND FAMILY SUPPORT WORKERS IN JULY 2019. THE GOAL OF THIS STRATEGIC PRIORITY IS TO INCREMENTALLY RAISE THE LOWEST SALARIES TO A MINIMUM \$15 LIVING WAGE BY 2022 FOR THESE TWO POSITIONS. ADDITIONAL ADJUSTMENTS WERE MADE ALONG WITH THE RECOMMENDATIONS BY WIPFLI.

FORM 990, PART VI, SECTION C, LINE 18:

RCMA'S FORM 990 IS ALSO AVAILABLE FOR PUBLIC INSPECTION THROUGH GUIDESTAR USA, INC.'S WEBSITE (GUIDESTAR.ORG). THE ORGANIZATION IS AN INFORMATION SERVICE SPECIALIZING IN REPORTING ON U.S. NONPROFIT COMPANIES.

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.

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ASSOCIATION, INC.**Employer identification number  
**59-1221966**PART XII, LINE 2CTHE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.PAGE 1, ITEM B, AMENDED RETURNTHE AUDIT FOR THE 6/30/2024 YEAR-END WAS FINALIZED AND ISSUED AFTER THE  
EXTENDED DUE DATE. FOLLOWING THE ISSUED AUDITED FINANCIAL STATEMENTS,  
THE BALANCE SHEET, STATEMENT OF REVENUE, STATEMENT OF FUNCTIONAL  
EXPENSES, PROGRAM SERVICE REVENUE AND EXPENSES AMOUNTS, SCHEDULE D -  
RECONCILIATION OF REVENUE AND EXPENSES AND SCHEDULE A - PART II HAVE  
ALL BEEN AMENDED TO REFLECT THE MOST ACCURATE AMOUNTS.