	EX	TENDED	TO	NO	VEMBER	15	, 202	24	
Return	of	Organia	zati	ion	Exem	ot F	rom	Income	Tax

Form **990**

Under 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 for instructions and the latest information.

OMB No. 1545-0047 3 Open to Public Inspection

	artment of ti nal Revenue		,	Open to Public Inspection	
		2023 calendar year, or tax year beginning and ending			
в	Check if applicable:	C Name of organization	D Employer identificat	tion number	
	Address change	THE FOUNDATION FOR FARMWORKERS			
	Name	Doing business as	83-3231197	7	
-	change	Number and street (or P.O. box if mail is not delivered to street address) Room/s			
-	return Final	2301 SUGAR BUSH RD. 400	919-420-03	331	
L	lreturn/ termin-	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	170,602.	
_	ated Amende				
-	return Applica-	F Name and address of principal officer: SONDRA MCDONALD	H(a) Is this a group retu		
L	tión pending		for subordinates?		
	 T	SAME AS C ABOVE	H(b) Are all subordinates inclu	Contractor Contractor Contractor	
		npt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or X 4947(a)(1) or X 501(c)(3) 501(c)(3) 501(c) () () () () () () () () ()	527 If "No," attach a lis		
	Website		H(c) Group exemption r		
		rganization: X Corporation Trust Association Other L	Year of formation: 2019 M S	State of legal domicile: VA	
1	Contraction of the second		DAUTON FOD FADA	MODVEDC	
e	1 B	riefly describe the organization's mission or most significant activities: THE FOUN			
Governance		ROMOTES AND SPONSORS THE ACTIVITIES AND NEED		and the second	
ern	2 C	heck this box if the organization discontinued its operations or disposed of n	1 1		
Ň	3 N			10	
ي م	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		10	
Activities &	5 T	otal number of individuals employed in calendar year 2023 (Part V, line 2a)		0	
viti	6 T	otal number of volunteers (estimate if necessary)		0	
Act	7 a To			0.	
_	<u>b</u> N	et unrelated business taxable income from Form 990-T, Part I, line 11		0.	
			Prior Year	Current Year	
Ð	8 C	ontributions and grants (Part VIII, line 1h)	51,996.	31,931.	
Revenue	9 P	rogram service revenue (Part VIII, line 2g)	0.	0.	
eve	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	5.	3,671.	
œ	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,813.	134,224.	
1.201	12 To	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	82,814.	169,826.	
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)	110,000.	50,000.	
	14 B	enefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
Ś	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
ge	bTo	otal fundraising expenses (Part IX, column (D), line 25) 0 .			
Û	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,426.	14,941.	
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	120,426.	64,941.	
	19 R	evenue less expenses. Subtract line 18 from line 12	-37,612.	104,885.	
or	CT.		Beginning of Current Year	End of Year	
sets	20 To	otal assets (Part X, line 16)	230,518.	321,200.	
Net Assets or	21 To	otal liabilities (Part X, line 26)	14,654.	451.	
Net	22 N	et assets or fund balances. Subtract line 21 from line 20	215,864.	320,749.	
Pa	art II	Signature Block			
Und	ler penalti	es of perjury, I declare that I have examined this return, including accompanying schedules and sta	itements, and to the best of my kn	owledge and belief, it is	
		and complete. Declaration of preparer (other than officer) is based on all information of which prep		ſ	
	đ	Dorda Gill Dorald	102	12024	
Sig	n	Ignature of officer	Date		
Hei		ONDRA MCDONALD, TREASURER			
		ype or print name and title			
	F	Print/Type preparer's name Preparer's signature	Date Check	PTIN	
Paid		SHLEY H. STAFFORD ASHLEY H. STAFFORD	10/31/24 if self-employed	P00248001	
	_	irm's name CARR, RIGGS & INGRAM, LLC		-1396621	
adaa *	_	irm's address 1117 BOLL WEEVIL CIRCLE		100021	

ENTERPRISE, AL 36330

Phone no.334-347-0088

Form	1 990 (2023) THE FOUNDATION FOR FARMWORKERS	83-3231197	Page 2											
Par	rt III Statement of Program Service Accomplishments													
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	Χ											
1	Briefly describe the organization's mission:													
	THE FOUNDATION FOR FARMWORKERS PROMOTES AND SPONSORS TH													
	AND NEEDS OF EAST COAST MIGRANT HEAD START PROJECT FAMI		TO											
	IMMIGRATION SERVICES TO FARMWORKER FAMILIES, EMERGENCY													
	ASSISTANCE TO FARMWORKER FAMILIES, AND EDUCATION FINANC	IAL ASSISTANC	E											
2	Did the organization undertake any significant program services during the year which were not listed on the													
	prior Form 990 or 990-EZ?	Yes	XNo											
	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	XNo											
	If "Yes," describe these changes on Schedule O.													
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by expenses.												
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ners, the total expenses, a	nd											
	revenue, if any, for each program service reported.	· · · ·												
4a	(Code:) (Expenses \$64,941. including grants of \$50,000.) (Rev	venue \$)											
	THE FOUNDATION FOR FARMWORKERS PROMOTES AND SPONSORS TH		AND											
	NEEDS OF EAST COAST MIGRANT HEAD START PROJECT FAMILIES RELATED TO IMMIGRATION SERVICES TO FARMWORKER FAMILIES, EMERGENCY FINANCIAL													
	ASSISTANCE TO FARMWORKER FAMILIES, AND EDUCATION FINANC		E											
	TO FARMWORKER FAMILIES.													
4b	(Code:) (Expenses \$ including grants of \$) (Rev	venue \$)											
4c	(Code:) (Expenses \$ including grants of \$) (Rev	venue \$)											
10			/											
4d	Other program services (Describe on Schedule O.)													
	(Expenses \$ including grants of \$) (Revenue \$)												
4e	Total program service expenses 64,941.													
		Form 9	990 (2023)											
332002	2 12-21-23													
	2													

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Form 990 (FOR	FARMWORKERS
Part IV	Ch	ecklist of Require	d Schedules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	L
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	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? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	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?			v
10	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		
11				
•	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
a		11a		x
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			- 23
U		11b		x
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			1
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	L
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			1
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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? If "Yes." complete Schedule I. Parts I and II	21	X	L
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 Form 990 (2023)
 THE FOUNDATION FOR FARMWORKERS
 83-3231197
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 Part IV
 Checklist of Required Schedules (continued)
 Page 4

	· (contract)			
			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	Х	
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ũ		24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		<u>24u</u>		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
Ŭ	"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
		23		- 23
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
•	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X 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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	· · · · · · · · · · · · · · · · · · ·	38	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance			
	Charly if Schedule O contains a reasonance or note to any line in this Dart)/			
	Check it Schedule O contains a response of note to any line in this Part V		Vac	
4 -	Enter the number reported in boy 2 of Form 1000. Enter 0, if not evaluable $ \mathbf{x} = $		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a U			
b		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			v
	(gambling) winnings to prize winners?	1c	000	X
332004	12-21-23	Form	990	(2023)
	4			

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Form	990 (2023) THE FOUNDATION FOR FARMWORKERS	83-3231	197	Page 5							
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
				Yes No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return	2a 0									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b								
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?										
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
	At any time during the calendar year, did the organization have an interest in, or a signature or other a										
	financial account in a foreign country (such as a bank account, securities account, or other financial a	•	4a	X							
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 Ac	counts (FBAR).									
5a			5a	X							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b	X							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the										
Ua			6a	x							
h	any contributions that were not tax deductible as charitable contributions?		Ua								
a		U U	Ch								
-	were not tax deductible?		6b								
7	Organizations that may receive deductible contributions under section 170(c). Did the graphization receive a payment in graphic of C^{7} mode path as a contribution and path for goods and partly for goods and partly for goods and partly for goods and partly for goods.		-	x							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a								
b			7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•									
	to file Form 8282?		7c	<u> </u>							
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the									
	sponsoring organization have excess business holdings at any time during the year?		8								
9	Sponsoring organizations maintaining donor advised funds.										
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b								
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12	10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b									
11	Section 501(c)(12) organizations. Enter:	i									
а	Gross income from members or shareholders	11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)	11b									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
a	Is the organization licensed to issue qualified health plans in more than one state?		13a								
a	Note: See the instructions for additional information the organization must report on Schedule O.		100								
h	Enter the amount of reserves the organization is required to maintain by the states in which the										
U		13b									
-	organization is licensed to issue qualified health plans										
	Enter the amount of reserves on hand	13c	14-	X							
14a			14a	^							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b	<u> </u>							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner										
	excess parachute payment(s) during the year?		15	X							
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16	<u> </u>							
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac										
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17								
	If "Yes," complete Form 6069.										
332005	12-21-23		Form	990 (2023)							

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Form 99	0 (2023)
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THE FOUNDATION FOR FARMWORKERS

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

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X

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.

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10			
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	Х	
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	Х	
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	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10		
D		76		x
•		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		x	
	The governing body?	8a	X	
-	Each committee with authority to act on behalf of the governing body?	8b	_ A	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	1	
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Ver	
0-	Did the exercited have lead chapters branches as affiliates?	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	101		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	4.	v	
-	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
	on Schedule O how this was done	12c	X	77
13	Did the organization have a written whistleblower policy?	13		X X
14	Did the organization have a written document retention and destruction policy?	14		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?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	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?	16a		X
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?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
8	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)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	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 SONDRA MCDONALD – 919–926–3357			
	2301 SUGAR BUSH ROAD, NO. 400, RALEIGH, NC 27612			

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."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, 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)	(B)	(C)						(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)				n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JOHN E. MENDITTO PRESIDENT	2.00	x						0.	2,694.	0.
(2) MARIA GARZA	2.00									
MEMBER		Х						0.	476.	0.
(3) MARIA PEREZ MEMBER	0.50	x						0.	0.	0.
(4) BENNETT HAYNES	0.50									
MEMBER		Х						0.	0.	0.
(5) REBECCA GILDNER	0.50									•
MEMBER		Х						0.	0.	0.
(6) DANIEL EDWARDS MEMBER	0.50	x						0.	0.	0
(7) GABRIELLA PROCACCI	0.50	Δ						0.	0.	0.
MEMBER	0.50	х						0.	0.	0.
(8) ANAIS BEDDARD	0.50									
MEMBER		х						0.	0.	0.
(9) JOSE SIMON VILLA	0.50									
SECRETARY		Х						0.	0.	0.
(10) JEAN ALLEN MEMBER	0.50	x						0.	0.	0.
		-								
		-								
220007 10 01 00	1	I		I	I	I	I	I	l	Eorm 990 (2023)

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332007 12-21-23

Form 990 (2023)	THE FOUNI									83-32	311	.97	Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F)													
	(A) (B) Name and title Average hours per week (list any hours for				Average lours per week Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation Reportable compensation (ist any ours for ist any ist an							(F) Estima amoun oth compen from	ated nt of er sation
		related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organiz and re organiza	ated
											_		
1b Subtotal									0.	3,17	0		0.
c Total from continuation									0.		0.		0.
 <u>d</u> Total (add lines 1b an 2 Total number of individ 		ot limited to th							0. ceived more than \$100,	3 , 17 000 of reportable	0.		0.
compensation from the	e organization											Ye	0 s No
•	•	-		•	•	•		Ŭ	hest compensated empl		[3	x
4 For any individual liste	d on line 1a, is the su	m of reportable	e co	mpe	ensat	tion	and	oth	er compensation from the rest of the such individual	ne organization		4	X
5 Did any person listed of	on line 1a receive or a	iccrue compen	satio	on fr	oma	any	unre	elate	ed organization or individ	lual for services			x
Section B. Independent Co		plete Schedule	e J fo	or su	ich <u>p</u>	Ders	on .					5	
-	• •	-	-						hat received more than \$ the organization's tax ye		ensati	on from	
	(A) Name and business			ONE					(B) Description of s		Сс	(C) ompensat	ion
2 Total number of indepe \$100,000 of compensation		•	ot lin	nited	l to t	thos C		ted	above) who received mo	ore than		00/	

332008 12-21-23

		(2023) THE FOUNDATION FOR F	ARMWORKERS		83-3231	197 Page 9
Pa	rt V	III Statement of Revenue				
		Check if Schedule O contains a response or note to any	((D)		
			(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
			Total revenue	function revenue	business revenue	from tax under
						sections 512 - 514
ts ts	1	a Federated campaigns 1a				
ran un		b Membership dues 1b				
٥Ĕ		c Fundraising events 1c				
Contributions, Gifts, Grants and Other Similar Amounts		d Related organizations 1d	-			
ji Gi		e Government grants (contributions) 1e	-			
Sin		f All other contributions, gifts, grants, and	-			
utic						
<u>ē</u> t						
bo		g Noncash contributions included in lines 1a-1f	21 021			
<u>o</u> e		h Total. Add lines 1a-1f	31,931.			
		Business Coc	le			
e	2	a				
e či		b				
s S		c				
am Ser		d				
Program Service Revenue		e				
Pr		f All other program service revenue				
		g Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and				
	-	other similar amounts)	3,671.	3,671.		
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	•					
	6		_			
		b Less: rental expenses 6b	_			
		c Rental income or (loss) 6c				
		d Net rental income or (loss)				
	7	a Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory 7a				
		b Less: cost or other basis				
en		and sales expenses 7b				
evenue		c Gain or (loss) 7c				
Jev		d Net gain or (loss)				
Other R		a Gross income from fundraising events (not	·			
£	•	including \$ of				
Ŭ		contributions reported on line 1c). See				
			124 224		-	134,224.
		c Net income or (loss) from fundraising events	. 134,224.			134,224.
	9	a Gross income from gaming activities. See				
		Part IV, line 19 9a	_			
		b Less: direct expenses 9b				
		c Net income or (loss) from gaming activities				
	10	a Gross sales of inventory, less returns				
		and allowances 10a				
		b Less: cost of goods sold				
		c Net income or (loss) from sales of inventory				
		Business Coc				
sne	11	a				
nec		b				
scellaneo Revenue				1	1	
Miscellaneous Revenue		d All other revenue				
Ϊ		d All other revenue				
		e Total. Add lines 11a-11d	169,826.	3,671.	0.	134,224.
	12	Total revenue. See instructions	. 109,040.	, J,U/I.	U •	
332009	9 12-2	21-23				Form 990 (2023

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332009 12-21-23

THE FOUNDATION FOR FARMWORKERS 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)

	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	50,000.	50,000.		·
2	Grants and other assistance to domestic				
3	Grants and other assistance to foreign				
0	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
1	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
3	Compensation not included above to disgualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
3	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions				
9	Other employee benefits				
5	Payroll taxes				
1	Fees for services (nonemployees):				
' a	Management				
		250.	250.		
		250.	250.		
	Accounting				
	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 0.)				
2	Advertising and promotion	1,380.	1,380.		
3	Office expenses	I,300.	I,300.		
4	Information technology				
5	Royalties				
6					
7					
B	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
)					
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3					
4	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 0.)	5,940.	5,940.		
a h	PAYROLL REIMBURSEMENT	5,229.	5,229.		
b	INTERNSHIP/TEMPORARY ST	975.	975.		
с с	BANK FEES	650.	650.		
d		517.	517.		
	All other expenses	64,941.	64,941.	0.	C
5	Total functional expenses. Add lines 1 through 24e	04,941.	04,941.	0.	L. L.
6	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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332010 12-21-23

2023.05000 THE FOUNDATION FOR FARMWO 10-03481

08351031 794202 10-03482.000

Part X Balance Sheet

		Check if Schedule O contains a response or note	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		230,315.	1	321,200.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or	former officer, director,			
		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
		controlled entity or family member of any of thes	e persons		5	
	6	Loans and other receivables from other disqualif				
		under section 4958(f)(1)), and persons described		6		
sts	7	Notes and loans receivable, net		203.	7	0.
Assets	8	Inventories for sale or use			8	
◄	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
		Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line 1		13		
	14 15	Intangible assets		14 15		
	15 16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equa		230,518.	16	321,200.
	17	Accounts payable and accrued expenses		11,225.	17	0.
	18	Grants payable and aborded expenses		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete F		21		
ъ	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, substa				
abil		controlled entity or family member of any of thes	e persons		22	
Ë	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated	I third parties		24	
	25	Other liabilities (including federal income tax, pay	ables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D		<u>3,429.</u> 14,654.	25	451.
	26			14,654.	26	451.
		Organizations that follow FASB ASC 958, chee	ck here X			
če		and complete lines 27, 28, 32, and 33.		C1 00C		C1 00C
alan	27			61,296.	27	61,296.
B	28			154,568.	28	259,453.
un		Organizations that do not follow FASB ASC 95	58, check here			
ъ		and complete lines 29 through 33.				
ţ	29	Capital stock or trust principal, or current funds			29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq			30	
μĂ	31	Retained earnings, endowment, accumulated inc		215 064	31	220 740
ž	32			<u>215,864.</u> 230,518.	32	<u>320,749.</u> 321,200.
	33	Total liabilities and net assets/fund balances		230,310.	33	<u>521,200.</u>

Form 990 (2023)

Part XI Reconciliation of Net Assets Check If Schedule O contains a response or note to any line in this Part XI 1 1 Total expenses (must equal Part VIII, column (A), line 12) 1 1.69, 826. 2 C64, 941. 3 1.04, 885. 3 Net unrealized gains (losses) on investments 5 6 6 Donated services and use of facilities 7 7 7 Investment expenses 7 7 8 Prior period adjustments 6 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 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 3220, 749. Part XII Financial Statements and Reporting 10 3220, 749. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other		990 (2023) THE FOUNDATION FOR FARMWORKERS	83-323	1197	Pag	_{ge} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 169,826. 2 Total expenses (must equal Part IX, column (A), line 25) 2 64,941. 3 Revenue less expenses. Subtract line 2 from line 1 3 104,885. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 215,864. 5 6 6 7 7 6 7 7 8 7 7 8 8 9 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)) 320,749. Part XII Financial Statements and Reporting 7 7 Check if Schedule O contains a response or note to any line in this Part XII 7 7 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 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. cons	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 64, 941. 3 Revenue less expenses. Subtract line 2 from line 1 3 104, 885. 4 Vet assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 215, 864. 5 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 6 6 7 7 7 7 7 8 9 0. 9 0. 9 0ther changes in net assets or fund balances (explain on Schedule O) 9 0. 10 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 320, 749. 7 10 320, 749. Check if Schedule O contains a response or note to any line in this Part XII 10 320, 749. Check if Schedule O contains a response or note to any line in this Part XII 10 320, 749. Check if Schedule O contains a response or note to any line in this Part XII 10 320, 749. Check if Schedule A do accounting from a prior year or checked "Other," explain on Schedule O.		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 64, 941. 3 Revenue less expenses. Subtract line 2 from line 1 3 104, 885. 4 Vet assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 215, 864. 5 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 6 6 7 7 7 7 7 8 9 0. 9 0. 9 0ther changes in net assets or fund balances (explain on Schedule O) 9 0. 10 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 320, 749. 7 10 320, 749. Check if Schedule O contains a response or note to any line in this Part XII 10 320, 749. Check if Schedule O contains a response or note to any line in this Part XII 10 320, 749. Check if Schedule O contains a response or note to any line in this Part XII 10 320, 749. Check if Schedule A do accounting from a prior year or checked "Other," explain on Schedule O.						
3 Revenue less expenses. Subtract line 2 from line 1 3 104,885. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 215,864. 5 6 6 7 6 7 7 8 9 Other changes in net assets or fund balances (explain on Schedule 0) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (8)) 10 320,749. Part XII Financial Statements and Reporting 10 320,749. 320,749. Part XII Financial Statements and Reporting 10 320,749. 320,749. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0. 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: 2a X Separate basis Consolidated basis Both consolidated and separate basis. 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 215,864. 5 Net unrealized gains (losses) on investments 5 6 6 0 7 6 7 7 7 7 8 Pror period adjustments 8 9 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)) 10 320, 749. Check if Schedule O contains a response or note to any line in this Part XII 10 320, 749. Check if Schedule O contains a response or note to any line in this Part XII 10 320, 749. Check if Schedule O contains a response or note to any line in this Part XII 10 320, 749. Check if Schedule O contains a response or note to any line in this Part XII 10 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 12a X 1 Accounting method used to by below to indicate whether the financial statements for the year were compiled or	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 6 7 8 9 9 0ther changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 11 12 13 14 15 15 16 16 17 17 18 19 10 10 10 10 10 11 11 12 12 13 14 14 15 15 16 16 17 18 19 10 11 12 11 12 13 14 14 15 15 16 17 18 19 19 10 12 14 15 15 16 17 18 <t< th=""><th>3</th><td>Revenue less expenses. Subtract line 2 from line 1</td><td>3</td><td></td><td></td><td></td></t<>	3	Revenue less expenses. Subtract line 2 from line 1	3			
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)) 10 320,749. Part XII Financial Statements and Reporting 10 320,749. Check if Schedule O contains a response or note to any line in this Part XII 10 320,749. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 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: 2a 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: 2b X 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? 2b X	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	215	5,80	54.
7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII I Accounting method used to prepare the Form 990: Cash X If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 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: Separate basis Consolidated basis B Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis b Both consolidated basis consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis consolidated basis Both consolidated and separate basis consolidated basis Both conso	5	Net unrealized gains (losses) on investments	5			
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)) 10 320,749. Part XII Financial Statements and Reporting 10 320,749. Check if Schedule O contains a response or note to any line in this Part XII 1 Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checkede "Other," explain on Schedule O. 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: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X If "Yes," theck a basis Consolidated basis Both consolidated and separate basis. 2b	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 320,749. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII I Accounting method used to prepare the Form 990: Cash X Accrual Other, "explain on Schedule O. 2a Were 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Dever the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis b Were the organization is financial statements audited by an independent accountant? 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: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: <	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 320,749. Part XII Financial Statements and Reporting 10 320,749. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 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: 2a 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: 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 Both consolidated and separate basis 2b X If "Yes," to line 2a or 2b, does the organization have a committ	8	Prior period adjustments	8			
column (B) 10 320,749. Part XII Financial Statements and Reporting	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 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: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 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: 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: 2b X If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," the check a box below to indicate the basis Both consolidated and separate basis 2c 2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for o	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
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		Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u>X</u>
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Department of the Treasury Internal Revenue Service

(Form 990)

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 for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization

Name	of the orga								identification number
Davit	L Dec			FOR FARMWOR					3-3231197
Part				(All organizations must o			ee instruction	S.	
				For lines 1 through 12, c					
1	_	•		n of churches described		on 170(b)(1	l)(A)(i).		
2				Attach Schedule E (Forr					
3 [anization described in s					
4 _		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
	_	d state:						- 14	
5 🗆	_ •	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
o [_	n 170(b)(1)(A)(iv).(e e e tra la compte al se en esta e esta forma de la compte al secondario de la compte al secondario de la comp		70/1-1/41/41	()		
6 [_	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in							
7 _	-		•	ntial part of its support f	rom a gove	ernmental	unit or from tr	ie general p	Dublic described in
• [n 170(b)(1)(A)(vi). (((1)(A)() (Complete De	+ 11 \				
8 ∟ 9 「				(1)(A)(vi). (Complete Par		od in coniu	unction with a	land grant	collogo
9 [-		-	in section 170(b)(1)(A) ulture (see instructions).		-		-	-
	univers		grant conege of agrici			name, orig	, and state of	the college	
10			ally receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns membersh	in fees and	d aross receipts from
				t to certain exceptions;					
				(less section 511 tax) fro					-
		ction 509(a)(2). (Co		(,					,
11	_			vely to test for public sa	fety. See	section 50)9(a)(4).		
12 🛛				vely for the benefit of, to				rry out the	purposes of one or
				d in section 509(a)(1)					
	lines 12	2a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and	12g.	
а	Х Туре	I. A supporting org	anization operated, s	upervised, or controlled	by its sup	oorted org	anization(s), ty	pically by	giving
	the s	upported organizat	ion(s) the power to req	gularly appoint or elect a	a majority o	of the direc	tors or truste	es of the su	Ipporting
	orga	nization. You must	complete Part IV, Se	ections A and B.					
b	Туре	II. A supporting or	ganization supervised	or controlled in connec	tion with it	s supporte	ed organizatio	n(s), by hav	ving
	conti	ol or management	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manag	ge the supp	ported
			st complete Part IV,						
С				g organization operated				ly integrate	ed with,
		•). You must complete	-		-		
d				oorting organization oper				-	
		-		ation generally must sat	•		-	an attentiv	eness
	·	•	,	nplete Part IV, Section					
е	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.								
£ 1					ng organiz	ation.			1
		mber of supported	on about the supporte	d organization(s)					1
<u> </u>		of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount of	monetary	(vi) Amount of other
	orga	nization		(described on lines 1-10 above (see instructions))	In your govern Yes	ing document?	support (see ir	structions)	support (see instructions)
EAS	COAS	T MIGRANT			100				
HEAI		T PROJECT	52-1020023	7	x		50	,000.	0.
_									
Total							50	,000.	0.

Schedule		m 99	0) 2	2023
Part II	S	Jppo	ort	Sc

THE FOUNDATION FOR FARMWORKERS

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 failed to qualify under the total listed below, placed complete Part III.

fail	s to	o qu	alify	under	the	tests	listed	below,	please	comple	te Par	rt III.)
			•									

Se	ction A. Public Support		-	-	-	-		
Cale	ndar 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	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions							
	by each person (other than a governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.							
-	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities,					12		
13	First 5 years. If the Form 990 is for the	0						
80	organization, check this box and stor							
	ction C. Computation of Publi			. (2)				
	Public support percentage for 2023 (I		•	.,,		14	%	
	5 Public support percentage from 2022 Schedule A, Part II, line 14 15 15 %							
102	16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
ŀ	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2022. 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							
L	and stop here. The organization qualifies as a publicly supported organization							
17:	and stop nere. The organization qualifies as a publicly supported organization							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
ł	b 10% -facts-and-circumstances test - 2022. 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 th		•			-		
	organization meets the facts-and-circl							
18					• • • •			
							(Form 990) 2023	

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	Schedule A	Form	990) 2023
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7

THE FOUNDATION FOR FARMWORKERS 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.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	23 (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	23 (f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		inst accord thind	fourth or fifth tou		501(0)(2) or 5	
14	First 5 years. If the Form 990 is for the check this box and stop here	-			-		
Se	ction C. Computation of Publ	ic Support Per	rcentage			<u></u>	
	Public support percentage for 2023 (column (f))		15	%
	Public support percentage from 2022			.,,		16	%
Se	ction D. Computation of Inves	stment Income					
	Investment income percentage for 2 Investment income percentage from					17 18	%
	a 33 1/3% support tests - 2023. If the					· · · ·	
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
3320	23 12-21-23		15			Sche	edule A (Form 990) 2023

THE FOUNDATION FOR FARMWORKERS

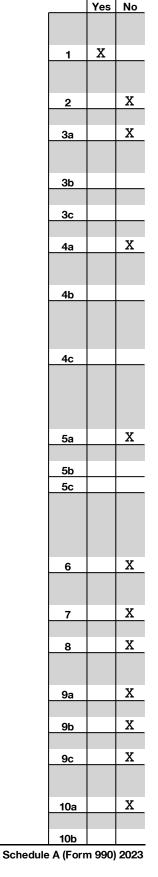
Part IV Supporting Organizations

(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

- 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.)

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16

Schedule A (Form 990) 2023 THE FOUNDATION FOR FARMWORKERS

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Рd	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		Х
b	A family member of a person described on line 11a above?	11b		Х
с	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.	11c		Х
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporte organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	s, d		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
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	i. or controlle	a the support	ng organization	
Section C. T	ype II Sup	porting Or	ganizations	

 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
 Image: Control or management of the support of the s

Secti	on	D.	All	Туре	Su	opoi	ting	Organizations	;

			Yes	No
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?	1		
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).	2		
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.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method t	hat the organization used to satisf	v the Integral Part Test durin	a the year (see instructions).
•		nal line organization used to satisi	, וווכ ווווכקומו ז מונ ז ככו טעוווי	

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental er	tity (see instruction <u>s).</u>
---	--	---	-------------------------	---------------------------------	----------------------------------

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- 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.* 332025 12-21-23
 Yes
 No

 2a

 2a

 2b

 3a

 3b

Schedule A (Form 990) 2023

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į	Schedule A	(Form 990)	2023
	Dort V		Nor

3 THE FOUNDATION FOR FARMWORKERS	n-Eunotia	villenc	Integrated 500(a)	(3) 611	porting Organizatio	ne
	3	THE	FOUNDATION	FOR	FARMWORKERS	

га		j Organ		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on l	Nov. 20, 1970 (<i>explain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	Sections A through E.	1
Sect	ion A - Adjusted Net Income		(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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(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		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 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

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Schedule A (Form 990) 2023

THE	FOUNDATION	FOR	FARMWORKERS	

83-3231197 Page 7

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued	0						
Secti	on D - Distributions			Current Year						
1	1 Amounts paid to supported organizations to accomplish exempt purposes 1									
2	Amounts paid to perform activity that directly furthers exemp									
	organizations, in excess of income from activity		2							
3	Administrative expenses paid to accomplish exempt purpose	s :	3							
4	Amounts paid to acquire exempt-use assets			4						
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5						
6	Other distributions (describe in Part VI). See instructions.			6						
7	Total annual distributions. Add lines 1 through 6.			7						
8	Distributions to attentive supported organizations to which the	e organization is responsive								
	(provide details in Part VI). See instructions.			8						
9	Distributable amount for 2023 from Section C, line 6			9						
10	Line 8 amount divided by line 9 amount		10	0						
		(i)	(ii)	(iii)						
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023						
1	Distributable amount for 2023 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2023 (reason-									
	able cause required - explain in Part VI). See instructions.									
3	Excess distributions carryover, if any, to 2023									
a	From 2018									
b	From 2019									
C	From 2020									
d	From 2021									
e	From 2022									
f	Total of lines 3a through 3e									
g	Applied to underdistributions of prior years									
<u>h</u>	Applied to 2023 distributable amount									
i	Carryover from 2018 not applied (see instructions)									
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.									
4	Distributions for 2023 from Section D,									
	line 7: \$									
<u>a</u>	Applied to underdistributions of prior years									
b	Applied to 2023 distributable amount									
C	Remainder. Subtract lines 4a and 4b from line 4.									
5	Remaining underdistributions for years prior to 2023, if									
	any. Subtract lines 3g and 4a from line 2. For result greater									
	than zero, explain in Part VI. See instructions.									
6	Remaining underdistributions for 2023. Subtract lines 3h									
	and 4b from line 1. For result greater than zero, explain in									
	Part VI. See instructions.									
7	Excess distributions carryover to 2024. Add lines 3j									
	and 4c.									
8	Breakdown of line 7:									
	Excess from 2019									
	Excess from 2020									
	Excess from 2021									
	Excess from 2022 Excess from 2023									
-										

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023		OUNDATION				83-3231197	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	l, 2, 3b, 3c, 4 lines 2 and 3	b, 4c, 5a, 6, 9a, 9 3; Part IV, Section	b, 9c, 11 E, lines 1	a, 11b, and 11c; F Ic, 2a, 2b, 3a, and	Part IV, Section B, lines 3 3b; Part V, line 1; Part	s 1 and 2; Part IV, Section t V, Section B, line 1e; Pa	C, rt V,
							Oshadada Armana	
332028 12-21-2	3			2	0		Schedule A (Form 9	90) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

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THE	FOUNDATION	FOR	FARMWORKERS	

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

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

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

General Rule

X 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 for an *exclusively* set in the set of the parts unless totaling the year for an *exclusively* for the parts unless totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of the parts unless the set of the parts unless the set of the parts unless total set of

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)

Employer identification number

83-3231197

THE FOUNDATION FOR FARMWORKERS

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

	<i>4</i> ×		1.5		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	LIPMAN FAMILY FARMS 315 NEW MARKET RD E IMMOKALEE, FL 34142	\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	FALKNER FARMS 35100 STATE ROAD E MYAKKA CITY, FL 34251	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	KEITH R MULVIHILL <u>4287 YOUNG LANE</u> LEESBURG, VA 20176-6292	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
	/L_)	()	(-1)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			(d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)		
No.	Name, address, and ZIP + 4 LADY MOON FARMS 1795 CRIDERS CHURCH RD	Total contributions	Type of contribution Person X Payroll		
<u>No.</u>	Name, address, and ZIP + 4 LADY MOON FARMS 1795 CRIDERS CHURCH RD CHAMBERSBURG, PA 17202 (b)	Total contributions \$	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)		
<u>No.</u> <u>4</u> (a) <u>No.</u>	Name, address, and ZIP + 4 LADY MOON FARMS 1795 CRIDERS CHURCH RD CHAMBERSBURG, PA 17202 (b) Name, address, and ZIP + 4 DANIEL EDWARDS 3045 CHAIN BRIDGE ROAD	Total contributions \$ 15,000. (c) Total contributions	Type of contribution Person X Payroll Image: Contribution Noncash Image: Contribution (Complete Part II for noncash contributions.) (d) Type of contribution X Person X Payroll Image: Complete Part II for Noncash Image: Complete Part II for		
No. 4 (a) No. 5 (a)	Name, address, and ZIP + 4 LADY MOON FARMS 1795 CRIDERS CHURCH RD CHAMBERSBURG, PA 17202 (b) Name, address, and ZIP + 4 DANIEL EDWARDS 3045 CHAIN BRIDGE ROAD WASHINGTON, DC 20016 (b) Name, address, and ZIP + 4 GABRIELLE PROCACCI PROCACCI BROTHERS, 3333 SOUTH FRONT STREET PHILADELPHIA, PA 19148	Total contributions \$ 15,000. (c) Total contributions \$ 25,000. (c) (c)	Type of contribution Person X Payroll		

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Employer identification number

83-3231197

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				
7	FELDESMAN LEIFER 1129 20TH ST NW #400 WASHINGTON, DC 20036	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
8	DUDA & SON'S 1200 DUDA TRAIL OVIEDO, FL 32765	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
9	JEAN E. ALLEN <u>3 HANOVER SQUARE, APARTMENT 14F</u> <u>NEW YORK, NY 10004</u>	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)				
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Schedule B (Form 990) (2023)

THE FOUNDATION FOR FARMWORKERS

Name of organization

Page 2

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a)		(c)				
No.	(b)	FMV (or estimate)	(d)			
from	Description of noncash property given	(See instructions.)	Date received			
Part I						
		\$				
(a)		(c)				
No.	(b)	FMV (or estimate)	(d)			
from	Description of noncash property given	(See instructions.)	Date received			
Part I						
		 \$				
		>				
(a)		(c)				
No.	(b)	FMV (or estimate)	(d)			
from	Description of noncash property given	(See instructions.)	Date received			
Part I						
		<u> </u>				
		\$				
(a)		(c)				
No.	(b)	FMV (or estimate)	(d)			
from	Description of noncash property given	(See instructions.)	Date received			
Part I						
		\$				
(a)	~.	(c)				
No.	(b)	FMV (or estimate)	(d)			
from	Description of noncash property given	(See instructions.)	Date received			
Part I						
		—				
		\$				
(a)	<i>.</i>	(c)	4.5			
No. from	(b)	FMV (or estimate)	(d)			
from Part I	Description of noncash property given	(See instructions.)	Date received			
		\$				
		Ψ				

Schedule B (Form 990) (2023)

THE FOUNDATION FOR FARMWORKERS

Employer identification number

83-3231197

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Schedule B (Form 990) (2023)

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Schedule	B (Form 990) (2023)		Page 4			
Name of c	organization		Employer identification number			
THE F	OUNDATION FOR FARMWORKE	RS	83-3231197			
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations described in sections through (e) and the following line entry. through chartable, etc., contributions of \$1,000 or less	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
(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, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No.		<u> </u>				
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, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) Na						
(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, a	nd ZIP + 4	Relationship of transferor to transferee			
323454 12-26	l 6-23		Schedule B (Form 990) (2023)			

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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 for instructions and the latest information.



Employer identification number

83-3231197

Department of the Treasury Internal Revenue Service

Name of the organization

THE FOUNDATION FOR FARMWORKERS

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
	_	(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 w	-	
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac	lvisors 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?		Yes No
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that appl <u>y).</u>	
	Preservation of land for public use (for example, recreat	ion or education)	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic stru	cture included on line 2a	2c
d	Number of conservation easements included on line 2c acquir	red after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes 🔄 No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2d above s		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservatio		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial stateme	ents that describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Ot	har Similar Assots
1 41	Complete if the organization answered "Yes" on Form		ner omnår Assets.
10			nd balance aboat works
Id	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for publ		
L	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	ierance of public service,
	provide the following amounts relating to these items.		¢
	(i) Revenue included on Form 990, Part VIII, line 1		
•		ourse, or other similar assets for financia	
2	If the organization received or held works of art, historical trea		i gain, provide
-	the following amounts required to be reported under FASB AS	-	¢
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions	101 1 01111 990.	Schedule D (Form 990) 2023
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Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or	Other S	Similar	Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, checl	k any of the f	following that r	nake sign	ificant u	se of its			
	collection items (check all that apply).										
а	Public exhibition	d	I 🗌	Loan or exc	hange program	n					
b	Scholarly research	е	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	pllections and explair	n how th	ney further th	ne organization	i's exempt	purpos	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, hi	storical treas	sures, or other	similar as	sets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran	gements Comple	te if the	organizatior	n answered "Ye	es" on For	m 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa			-							
1a	Is the organization an agent, trustee, custodi	an, or other intermed	diary for	contributior	ns or other ass	ets not inc	luded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
			0						Amount		
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe						?		Yes		No
	If "Yes," explain the arrangement in Part XIII.					•			_]
Par											
	· ·	(a) Current year		Prior year	(c) Two years		Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
b b	Grants or scholarships										
e	Other expenditures for facilities										
Ŭ											
f	Administrative expenses										
g											
2	End of year balance Provide the estimated percentage of the curr		a (line 1)	a column (a)) held as:						
-	Board designated or quasi-endowment	•	%	g, column (a	<i>))</i> Held 4 3.						
a h	Permanent endowment	%									
c		<u> </u>									
U	The percentages on lines 2a, 2b, and 2c sho										
20	Are there endowment funds not in the posse	•	tion the	at are hold ar	ad administoro	d for the					
Ja	organization by:	ssion of the organiza		at are neiù ai					Г	Yes	No
	0								3a(i)		
	(i) Unrelated organizations?(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizations?	tions listed as requir									
4	Describe in Part XIII the intended uses of the								30		
Par	t VI Land, Buildings, and Equipm		willent	iunus.							
	Complete if the organization answere). Part IV	V. line 11a. S	See Form 990.	Part X, line	e 10.				
	Description of property	(a) Cost or o		Í .	t or other	(c) Acci		d		valu	~
	Description of property	basis (investr		. ,	(other)		ciation	u	(d) Book	valu	e
10	Land			54013		dopic					
-	Land										
b	Buildings										
	Leasehold improvements			+							
d	Equipment										
	Other			<u> </u>							0
Tota	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part</u>	X, line 1	<u>0c. column</u>	<u>(B))</u>						0.
								Schedule	D (Form	990)	2023

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(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	-of-year market value
1) Financial derivatives			
Closely held equity interests			
Other			
(A)			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(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)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" of	n Form 000 Part IV line	11d Soc Form 990 Part X line 15	
-	Description	The See Form 990, Fart A, line 13.	(b) Book value
	Description		(b) DOOK value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8) (9)			
(8) (9) fotal. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
(8) (9) fotal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities			
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of			
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of lish it is			(b) Book value
(8) (9) fotal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes			
(8) (9) fotal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of . (a) Description of liability			
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes			
(8) (9) fotal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) DUE TO ECMHSP			
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes (2) DUE TO ECMHSP (3)			
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes (2) DUE TO ECMHSP (3) (4)			
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) DUE TO ECMHSP (3) (4) (5)			
(8) (9) fotal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) DUE TO ECMHSP (3) (4) (5) (6) (7)			
(8) (9) fotal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes (2) DUE TO ECMHSP (3) (4) (5) (6) (7) (8)			(b) Book value 451
(8) (9) fotal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) DUE TO ECMHSP (3) (4) (5) (6) (7)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	

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Schedule D (Form 990) 2023

Sche	edule D (Form 990) 2023 THE FOUNDATION FOR FARM	WORKERS	83-3231197 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenue	er Return
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expens	es per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
	investment expenses not included on Form 990, Part VIII, line 70	4a	
b			
b c		4b	4c
с 5	Other (Describe in Part XIII.)	4b	

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.

332054 09-28-23

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities 🛛 🛛	OMB No. 1545-0047
(Form 990)	Complete if the	or if the	2023					
	c		LULU Open to Public					
Department of the Treasury Internal Revenue Service	Go t		Inspection					
Name of the organization	า							entification number
Dout L Fundraia		NDATION FOR FARMWON					83-3231	
	complete this part	Complete if the organization answe t.	red "Y	es" or	n Form 990, Part IV, li	ne 1	7. Form 990-Ez	filers are not
 Indicate whether th a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	e organization rais tions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursua	tion of tion of fundra (incluc rofessi	non-g gover lising d ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Yes	
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)		(vi) Amount paid to (or retained by) organization
			Yes	No				
Total	· · · · · · · · · · · · · · · · · · ·	·····						<u> </u>
or licensing.	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	It is i	exempt from re	gistration

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

THE FOUNDATION FOR FARMWORKERS

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, FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1 YEAR-END VIRTUAL FRIE	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	135,000.			135,000.
ш	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	135,000.			135,000.
	4	Cash prizes				
SS	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
		Other direct expenses	776.			776.
		Direct expense summary. Add lines 4 through				776.
Pa	<u>11</u> rt	Net income summary. Subtract line 10 from line Gaming. Complete if the organization a		000 Dart IV line 10 ar		134,224.
1 4		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	550, Fait IV, iiile 15, 011	eported more trian	
Revenue		• • • • • • • • • • • • • • • • • • •	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes%	Yes%	
	0	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	15 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming ac				Yes No
a	11	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No
		-13-23			Sche	dule G (Form 990) 2023

Sch	edule G (Form 990) 2023	THE	FOUNDATION FOR FARMWORKERS 8	3-323	1197	Page 3
11	Does the organization conduct ga	ming act	ivities with nonmembers?	[Yes	No
12	c		r trustee of a trust, or a member of a partnership or other entity formed	Г	Yes	No
12	Indicate the percentage of gaming?		conducted in:	∟		
				13	a	%
						<u></u> %
			who prepares the organization's gaming/special events books and records:			/0
		o po: co: .				
	Name					
	Address					
15a	Does the organization have a cont	tract with	a third party from whom the organization receives gaming revenue?		Yes	🗌 No
t	If "Yes," enter the amount of gam	ina rever	nue received by the organization \$ and the amou	int		
	of gaming revenue retained by the					
c	If "Yes," enter name and address					
	Name					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation	\$				
		•				
	Description of services provided					
	Director/officer	En En	nployee Independent contractor			
17	,	atata la	u to make charitable distributions from the coming proceeds to			
č	retain the state gaming license?		v to make charitable distributions from the gaming proceeds to	Г	Yes	🗌 No
ł	•••		under state law to be distributed to other exempt organizations or spent in t	<u> </u>		
~	organization's own exempt activiti	•				
Pa			 Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar 	nd Part III,	lines 9,	9b, 10b,
	 15b, 15c, 16, and 17b, as	applicat	ble. Also provide any additional information. See instructions.			
3320	33 09-13-23		e	chedule	G (Form	990) 2023
0020	50 00 10-20		32	Chedule		2007 2020

Schedule G	6 (Form 990)
	<u> </u>

Part IV	Supplemental Information (continued)
332084 04-01-	23 Schedule G (Form 990)

SCHEDULE I	SCHEDULE I Grants and Other Assistance to Organizations,							5-0047	
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury	Comp	lete il the organizatio	Attach to Form		11 TV, III e 2 1 01 22.		Open to P	ublic	
Internal Revenue Service		Go to www.irs	s.gov/Form990 for		ation.		Inspecti		
Name of the organization							Employer identification		
		FARMWORKER	ទ				83-3231	1197	
Part I General Information on Grant									
1 Does the organization maintain recor criteria used to award the grants or a								🗌 No	
2 Describe in Part IV the organization's	procedures for monit	toring the use of grant	funds in the United	l States.					
Part II Grants and Other Assistance recipient that received more that					anization answered "Y	es" on Form 990, Part	IV, line 21, for any		
1 (a) Name and address of organization or government		(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 gra or assistance	ant	
EAST COAST MIGRANT HEAD START PROJECT – 2301 SUGAR BUSH RD, SUITE 400 – RALEIGH, NC 27612	52-1020023	E01(0)(2)	50.000	0.			TO PROVIDE SUPPORT ECMHSP'S EMERGENCY FAMILY ASSITANCE FU	AND	
SUITE 400 - RALEIGH, NC 27612	52-1020023	501(C)(3)	50,000.	0.			FAMILY ASSITANCE FU		

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

Schedule | (Form 990) 2023 THE FOUNDATION FOR FARMWORKERS

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

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

PART I, LINE 2:

FFF MAINTAINS RECORDS THAT COMPLY WITH ALL GRANT REQUIREMENTS AND GAAP. THE

AGENCY'S MANAGEMENT TAKES AN ACTIVE ROLE IN MONITORING THE EXPENDITURES OF

ALL GRANT FUNDS ON A REGULAR MONTHLY BASIS. INTERNAL CONTROLS EXIST THAT

LIMIT THE RISK OF ERROR OR FRAUD.

83-3231197

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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 for the latest information.



THE FOUNDATION FOR FARMWORKERS

Employer identification number 83-3231197

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

HEAD START PROJECT FAMILIES RELATED TO IMMIGRATION SERVICES TO

FARMWORKER FAMILIES, EMERGENCY FINANCIAL ASSISTANCE TO FARMWORKER

FAMILIES, AND EDUCATION FINANCIAL ASSISTANCE TO FARMWORKER FAMILIES.

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

TO FARMWORKER FAMILIES.

FORM 990, PART VI, SECTION A, LINE 4:

ON MAY 3, 2023, THE BOARD OF DIRECTORS AMENDED ITS BYLAWS. THE MOST

SIGNIFICANT CHANGE TO THE BYLAWS WAS TO INCREASE THE NUMBER OF BOARD

DIRECTORS TO A MAXIMUM OF FIFTEEN.

FORM 990, PART VI, SECTION A, LINE 6:

THE BOARD OF DIRECTORS OF EAST COAST MIGRANT HEAD START PROJECT ELECTS THE DIRECTORS OF THE BOARD OF THE FOUNDATION FOR FARMWORKERS. THE DECISIONS OF THE FOUNDATION FOR FARMWORKERS BOARD ARE NOT SUBJECT TO THE APPROVAL OF THE BOARD OF DIRECTORS OF EAST COAST MIGRANT HEAD START PROJECT.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF DIRECTORS OF EAST COAST MIGRANT HEAD START PROJECT ELECTS THE

DIRECTORS TO THE BOARD OF THE FOUNDATION FOR FARMWORKERS.

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

THE TREASURER OF THE BOARD REVIEWS THE FORM 990 WITH ALL BOARD MEMBERS

PRIOR TO SUBMISSION TO THE INTERNAL REVENUE SERVICE

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.LHA332211 11-14-23

Schedule O (Form 990) 2023

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

IN ACCORDANCE WITH FFF POLICY, BOARD MEMBERS ARE TO SELF-DISCLOSE POTENTIAL

CONFLICTS OF INTEREST. THE FOUNDATION IS SMALL AND OUR SIZE MAKES POTENTIAL

CONFLICTS APPARENT.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990) 2023

332212 11-14-23

SCH	IEDULE R
	1

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number 83 - 3231197

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

THE FOUNDATION FOR FARMWORKERS

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
EAST COAST MIGRANT HEAD START PROJECT -	ECMHSP PROVIDES SERVICES &						
52-1020023, 2301 SUGAR BUSH ROAD, SUITE 400,	ADVOCATES FOR THE CHILDREN						
RALEIGH, NC 27612	OF MIGRANT FARM WORKER	VIRGINIA	501(C)(3)	LINE 7	ECMHSP		х
	-						
	-						

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 THE FOUNDATION FOR FARMWORKERS

83-3231197 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	1 5	,		1								
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)		j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?					Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	1											
	-											
	-											
	-											
	4											
	4											
	4											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(b contr	i) b)(13) rolled iity?
		country)		01 11 03 0		233013		Yes	No

Schedule R (Form 990) 2023 THE FOUNDATION FOR FARMWORKERS

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

<pre>x year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity r capital contribution to related organization(s) r capital contribution from related organization(s) n guarantees to or for related organization(s) n guarantees by related organization(s) m related organization(s)</pre>	<u>1b</u> <u>1c</u> <u>1d</u>	X	X X
r capital contribution to related organization(s) r capital contribution from related organization(s) n guarantees to or for related organization(s) n guarantees by related organization(s)	<u>1b</u> <u>1c</u> <u>1d</u>	X	
r capital contribution to related organization(s) r capital contribution from related organization(s) n guarantees to or for related organization(s) n guarantees by related organization(s)	<u>1b</u> <u>1c</u> <u>1d</u>	X	v
r capital contribution from related organization(s) n guarantees to or for related organization(s) n guarantees by related organization(s)	1c 1d		v
n guarantees to or for related organization(s) n guarantees by related organization(s)	1d		Δ
n guarantees by related organization(s)			Х
m related organization(s)			Х
m related organization(s)			
	1f		Х
s to related organization(s)			Х
assets from related organization(s)			Х
assets with related organization(s)			Х
lities, equipment, or other assets to related organization(s)			Х
lities, equipment, or other assets from related organization(s)	1k		Х
of services or membership or fundraising solicitations for related organization(s)			Х
of services or membership or fundraising solicitations by related organization(s)			Х
cilities, equipment, mailing lists, or other assets with related organization(s)			Х
aid employees with related organization(s)			Х
ent paid to related organization(s) for expenses	1p		Х
ent paid by related organization(s) for expenses	1q		Х
r of cash or property to related organization(s)	1r		Х
a or outer or property to relation organization of	1s		Х
16	er of cash or property to related organization(s)	nent paid by related organization(s) for expenses 1q er of cash or property to related organization(s) 1r	Iq er of cash or property to related organization(s)

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Schedule R (Form 990) 2023 THE FOUNDATION FOR FARMWORKERS

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(-)	(1-)	(-)	(-1)			(6)	()	0		(:)	(1)		(1.)
(a)	(b)	(c)	(d)	(€ Are	a ll	(f)	(g)	(ł	1)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partnei 501(i org	rs sec.	Share of	Share of	Dispr tior allocat	opor- iate	Code V-UBI	Genera	al or P iina	Percentage
of entity		(state or foreign	excluded from tax under	org		total			ions?	of Schedule K-1	partne	er?	ownership
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes	No	income	assets	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes I	NO	
]												
												+	

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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