Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For	the 201	5 calendar year, or tax year beginning	10/1/2015	, and e	nding 9/3	80/2016		
B Chec	k if applica		OF FLORIDA FARMW	ORKER ORG	SANIZA D Employe	r identification	number	
Addr	ess change							
Name	e change	Number and street (or P O box if mail is not	t delivered to street address)	Room/suite	59-214995			
_	_	778 WEST PALM DRIVE			E Telephon	e number		
Initial	return	City or town	State	ZIP code	(305) 246-	0357		
Final r	etum/termina	FLORIDA CITY	FL	33034 Foreign postal				
Amer	nded returr		province/state/county	Foreign postal	G Gross red	ceipts \$	906	,354
Appli	cation pen	Ing F Name and address of principal officer			H(a) is this a group return	for subordinates?	Yes X] No
	·	ARTURO LOPEZ 778 WEST PALM	DRIVE, FLORIDA CITY	', FL 33034	H(b) Are all subordina	tes included?	Yes	No
Тах-е	xempt stat		(insert no) 4947(a)(1		If "No," attach a I	ist (see instructi	ions)	
		WWW.COFFO.ORG	- (/	H(c) Group exemption	number >		
				Ly				
	of organiza		ation Other >	L Yes	ar of formation 1980	MI State of	legal domicile	FL
Part		Summary			DO: #DE 40010T			
<u>ہ</u> ا	l Brie	fly describe the organization's mission or	most significant-activitie		PROVIDE ASSIST		SERVICES IC	.۔۔۔
Activities & Governance	MIG	RANT AND SEASONAL FARMWORKER	RS, THE RURAL POOR	CANATANE	MRANCHISED PE	RSONS.		
Ĕ					<u> </u>			
ž 2	2 Che	ck this box I if the organization dis	continued its operations	er disposed	. of mbe than 25%	of its net as:	sets.	
· 3	, ituii	iber of voting members of the governing	body (i dit vigming id)		'	3		
} 4		nber of independent voting members of th			—–1 ਨੀ	4		(
∄ 5	5 Tota	il number of individuals employed in calei	ndar year 201 <mark>5</mark> (Par t) (Moen, L	JT	5		28
} 6	5 Tota	I number of volunteers (estimate if neces	sary)			6		
ξ 7	7a Tota	I unrelated business revenue from Part V	/III, column (C), line 12			7a		(
	b Net	unrelated business taxable income from	Form 990-T, line 34	<u> </u>	<u> </u>	7b		(
					Prior Year		Current Year	
٤ د	3 Con	tributions and grants (Part VIII, line 1h)				4,602	877	,144
10	Prog	gram service revenue (Part VIII, line 2g)				0		(
10) Inve	stment income (Part VIII, column (A), line	es 3, 4, and 7d)			0		
· 1·		er revenue (Part VIII, column (A), lines 5,		e)	2	20,511	29	,210
12		revenue—add lines 8 through 11 (must equ				35,113		3,354
13		nts and similar amounts paid (Part IX, col				0		, (
14		efits paid to or for members (Part IX, colu				ol		
- ما		ries, other compensation, employee benefits		s 5–10)	58	0,092	585	432
16		essional fundraising fees (Part IX, columi				0		,
š I		il fundraising expenses (Part IX, column		0				
1						1 001	351	35
''		er expenses (Part IX, column (A), lines 1				11,001		
18		ll expenses. Add lines 13–17 (must equa		e 25)		11,093		3,786
<u>9</u> 19	Rev	enue less expenses Subtract line 18 from	n line 12	· · · · · ·		25,980),432
<u>و</u> م	· T-4-	lacate (Bart V. Iva 40)			Beginning of Currer		End of Year	40'
20 Pund Balances 21 22		ll assets (Part X, line 16)				9,792	1,174	_
<u> </u> 21		I liabilities (Part X, line 26)				0,221		5,34
		assets or fund balances. Subtract line 21	from line 20 .	<u>· · · · </u>]63	39,571	609	9,13
art l		Signature Block	lud a a a a a a a a a a a a a a a a a a a	and statements	and to the best of and			
nd belief	naiuesorp fitistrue	erjury, I declare that I have examined this return, incl correct, and considere. Declaration of preparer (other	luding accompanying scriedule r than officer) is based on all in	s and statements	s, and to the best of my i th preparer has any know	(nowieage wledae		
					11/	26/17		
ign		Signature of officer			Date	<u> </u>		
ere		ARTHUR LOPEZ-	FYECUTIVE	DIREC				
			LAUDOTTOC	2/200				
	<u>—-</u>	Type or print name and title Print/Type preparer's name	Preparer's signature		Date		PTIN	
aid		Film Type preparers name	Fiebalei s signatule			Check if	: FIIIN	
aid repa		Steve L Gardner, CPA	Steve L Gardner, CPA		1/25/2017	self-employed	P00871130	
	rer	Firm's name S.L. Gardner & Company	/ P A.		Firm's EIN	26-202457		
se O	iiiy	Firm's address ► 2413 Main Street #115, N			Phone no	(305) 606-		
					I FIIONE NO	7000,000		٦
ay the	HS dis	cuss this return with the preparer shown	above / (see instruction	ıs)	· · · · · · ·	<u> </u>	X Yes	<u> </u>
or Pap	erwork	Reduction Act Notice, see the separate in	structions.				Form 990 ((2015
TA .		•				/	737	

Form 9	990 (2015)	COALITION OF FL	ORIDA FARMWORK	<u>(ER ORGANIZATION</u>	IS, INC	59-21	149950	Page 2
Pa	rt III	Statement of Prog	ram Service Acco	mplishments	-			
-		Check if Schedule C	ontains a respo	nse or note to any	line in this Part III.			
1	Briefly	describe the organization's	s mission					
		OVIDE ASSISTANCE ANI		GRANT AND SEASO	NAL FARMWORKERS	SERVICES INC	CLUDE	
		SENCY SHELTER, FOOD						
	3-01-00							
2	Did the	organization undertake ar	ny significant progran	n services during the	vear which were not lis	sted on		
_		r Form 990 or 990-EZ?	· · · · ·	_			Yes	X No
		describe these new serv		,				
3		organization cease condu		icant changes in how	ut conducte any progr	am		
J	service		icting, or make signing	· · · · · ·	it conducts, any progr	3 111	Yes	X No
		describe these changes	on Cahadula O					<u> </u>
4		_		abmonto for each of a	to throe largest program	m conuces as me	assured by	
4		e the organization's progr						
		es Section 501(c)(3) and				its and anocation	s to others,	
	the tota	I expenses, and revenue,	il ariy, for each progr	ani service reported.	•			
						\		
4a	(Code) (Expens	ses \$ 854,15	50_ including grants of	of \$) (Revenue \$)
		UNITY SERVICES BLOC						
	ASSIS	ANCE TO LOW-INCOME	FARMWORKERS A	AND OTHER LOW IN	ICOME INDIVIDUALS	THROUGHOUT	THE YEAR.	
4b	(Code) (Expens	ses \$	including grants	of \$) (Revenue \$)
	•							
		••						
			•••					
40	/Codo	\ (Even	-	including grants	of ©) (Revenue \$		
4c	(Code) (Expens	ses \$		ОГФ) (Revenue \$		/
			·					
			••••••					
							-	
		· · · · · · · · · · · · · · · · · · ·	<u>. </u>					
4d	Other p	rogram services. (Describ	e in Schedule O)					
	(Expen	ses \$	0 including grants	of_\$	0)(Revenue \$	<u></u>	0_)	
4e	Total p	ogram service expenses	>	854,150				

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Χ_	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		Х
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 Revenue Procedure 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 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,			1
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			l
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	2.7%		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	L	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			1
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	ļ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
	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	i		
	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	L	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	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	ĺ		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 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	ļ		ŀ
	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			1
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			_
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	<u></u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			İ
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	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_		Х
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			v
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			1
	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, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		V
28	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	1 7000	X
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	. Les .		
9	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	čină	X
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>	100		 ^-
~	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
_	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
	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,	1		١.,
	III, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	A.F.		1
26	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	20		
27	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 in Schedule O for Part VI, lines 11b and	13,	\vdash	 ^-
30	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
	10. Hote. All I offit 330 file 3 are required to complete ochequie O	100		

Form 990 (2015) COALITION OF FLORIDA FARMWORKER ORGANIZATIONS, INC. 59-2149950 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a | 1a | 6 Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable. 0 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 28 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?... Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) За Did the organization have unrelated business gross income of \$1,000 or more during the year? За Х b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a

	accounty	70		
b	If "Yes," enter the name of the foreign country		ŀ	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		İ	
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	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		一十	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		X
h		-	+	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			v
	required to file Form 8282?	7c	-+	<u>X</u>
ď	If "Yes," indicate the number of Forms 8282 filed during the year	┵╌╌	-	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	_	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	_	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	l		
	sponsoring organization have excess business holdings at any time during the year?	8		<u>X</u>
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			1
а	Initiation fees and capital contributions included on Part VIII, line 12	_		Ì
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		Ì
11	Section 501(c)(12) organizations. Enter			}
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1 1		1
	against amounts due or received from them)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	7		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		X
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1 l		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	\dashv	-^-
		Form	000	2045
		rom (J J U (2	2015)

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Sec	tion A. Governing Body and Management				
	•			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 9			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip 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	he direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other	r person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	as filed? .	4		
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint			
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	,			
	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken	n during			
	the year by the following				
а	The governing body?		8a	Χ	
b	Each committee with authority to act on behalf of the governing body?		8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r	eached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	······································	9		<u> </u>
Sect	ion B. Policies (This Section B requests information about policies not required by the	<u>Internal Revenue C</u>	ode.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such				
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of the copy	re filling the form?.	11a	Х	
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		40-		
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g	vivo rico to conflicto?	12a 12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If		120		
·	describe in Schedule O how this was done	163,	12c		
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14		$\frac{\lambda}{x}$
15	Did the process for determining compensation of the following persons include a review and appro	val hv	- '- -		
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	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 in Schedule O (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement			
	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 evalu				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe				
	the organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► FL				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	D-T (Section 501(c)(3)	s only	')	
	available for public inspection. Indicate how you made these available Check all that apply.				
		plain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest poli	cy, an	ıd	
	financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's b		•		
	THE ORGANIZATION	305-246-0357			
	778 WEST PALM DRIVE, FLORIDA CITY, FL 33034				

										_
Form 990 (2015) COALITION OF FLORIDA FARM								l' l	59-21499	950 Page 7
Part VII Compensation of Officers, Dire Employees, and Independent Officers		es, r	\ey	En	npie	oyee	s, i	Hignest Comp	ensated	
Check if Schedule O contains a r		te to	an	v lir	ne i	n this	: Ps	art VII		
Section A. Officers, Directors, Trustees, Key E										· · · · <u> </u>
1a Complete this table for all persons required to be							_		with or within the	
organization's tax year	noted. Report 60	прсі	iout			110 00		an year ending	With Or Within the	
 List all of the organization's current officers, dof compensation Enter -0- in columns (D), (E), and (E). List all of the organization's current key emploration in the organization in the current highest corresponding to the current highest corresponding to the current highest corresponding to the current highest corresponding to the current highest corresponding to the current highest corresponding to the current organization and any related organizations. 	F) if no compens byees, if any. Se mpensated emplor m W-2 and/or Bo	sation e inst oyees ox 7 d	wa ruct s (ot of Fo	s pa ions her orm	aid. for thai 109	defin n an d 9-MI	itior offic SC)	n of "key employe er, director, trust of more than \$1	ee." ee, or key emplo 00,000 from the	oyee)
 List all of the organization's former officers, ke \$100,000 of reportable compensation from the organization 	ey employees, ar nization and any	nd hig relate	ghes ed o	it co rgar	mpe nizat	ensat tions.	ed e	employees who r	eceived more th	an
 List all of the organization's former directors organization, more than \$10,000 of reportable competitions. 										the
List persons in the following order individual trustees compensated employees, and former such persons	s or directors, ins	stitutio	onal	trus	stee	s, offi	cers	s, key employees	s, highest	
Check this box if neither the organization nor an	y related organiz	ation	cor	npe	nsa	ted a	пу с	urrent officer, dir	ector, or trustee	
(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee)				ıs both	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director		Officer	•	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) PEDRO NAREZO, III	5 00	1								
CHAIRPERSON (2) VICTOR LARGER	0 00 5 00	+	<u> </u>	Х			┢	_		
DIRECTOR	0 00	I .		x						
(3) SINCLAIRE WILLIAMS	5 00	† 								
VICE CHAIR	0 00	Х		Х						
(4) AMANDA CAMPOS	2 00									
DIRECTOR	0.00		<u> </u>	ļ	_					
(5) IRENE FIGUEROA	2.00					1				
TREASURER	0.00		┢	×	<u> </u>	<u> </u>				
(6) FATHER FRANK O'LAUGHLIN DIRECTOR	2.00 0.00	1								
(7) JOSEPH F. DORSINVIL	2.00									
DIRECTOR	0 00	X								
(8) BEATRIZ CORONADO	5 00	1								
SECRETARY	0.00		X	_		ļ	<u> </u>			
(9) MARIA ADAME DIRECTOR	2 00 0 00	1					•		į	
		_	_	-						

(10) ARTURO LOPEZ EXECUTIVE DIRECTOR

(12)

(14)

(13)

(11)

5,127

70,000

	990 (2015)	COALITION OF										59-21		Р	age 8
Р	art VII	Section A. Officers,	Directors, Tru	ustees, Key Em	ploye	es,			ghes	t C	ompensated Em	ployees (conti	nued)		
		(B) Average hours per week (list any	box, offic	unles er an	Pos neck ss pe d a d	rson irecto	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	a	(F) stimate mount other	of		
				hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or	npensa from the ganizat nd relat janizati	e tion ted
(15)											-				
(16)					_		-			-					
(17)															
(18)					\vdash					-			 	_	
(19)							-						+-		
(20)						-							-		
(21)												<u></u>			
(22)						-	-						 		
(23)					_	igg	-		-				 		
(24)	- 											<u> </u>	 		
													-		
1b	Sub-total					<u></u>	<u></u>		<u> </u>		70,000	(5,127
c C		continuation sheets lines 1b and 1c).									70,000		_	-	5,127
2	Total numb	per of individuals (inclu	ding but not li	mited to those li	sted a	ode	e) v	vho	recei	vec			<u> </u>		<u> </u>
	reportable	compensation from the	e organization				0_							Yes	No
3		ganization list any form on line 1a? <i>If "Yes," co</i>						e, c	or higi	hes	t compensated		3		X
4	For any inc	dividual listed on line 1	a, is the sum o	of reportable cor	npen	satio	on a				•				
	the organiz individual.	zation and related orga	nizations grea	ater than \$150,0					nplete 	Sc	chedule J for suc	h 	4	<u> </u>	Х
5		erson listed on line 1a re s rendered to the organ		•			•			_		/idual	5		X
Sect		pendent Contractors		es, compiete o	criedi	ne c	101	300	<u>ii pei</u>	301			1_5	Ц	1~
1	Complete t	this table for your five had to the form the organization	nighest compe										tax		
		Name	(A) and business add	iress							(B) Description of ser	vices	(Compe	c) nsation	1
										\sqsubset					
	 		 ,							\vdash					
								_							
	Total numb	or of independent co-	tractors (male	iding but not limi	tod 4-	, the	·6.0 1	ict-	d ob a		who recoved				
_		per of independent con \$100,000 of compense	-	-	.eu 10	J LITC	oe I	เรเย	o abo		who received				

· ai	, VIII	Check if Schedule O contains a response	e or n	ote to any line in	this Part VIII			🔲
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
स स	1a	, 0	1a	0				
iran Omi	b	Membership dues	1b	<u> </u>				
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events	1c	0	}			
를	d	Related organizations	1d	0		ľ		
SIm,	е	Government grants (contributions) .	<u>1e</u>	539,607				
er t	f	All other contributions, gifts, grants, and						
물탕]	similar amounts not included above.	1f	337,537				
Con	g	Noncash contributions included in lines 1a-1f:	\$,		
	<u>h</u>	Total. Add lines 1a-1f	•	Business Code	877,144		-	
J.G	3-			Dusiness Code				
eve	2a				0	-		
e e	b				0			
2	C			-	- 0			
Program Service Revenue	d			 	- 0			
Jran	٠	All other program service revenue			0			
P.	,	Total. Add lines 2a–2f		—	0			
	3	Investment income (including dividends, inf						
	*	other similar amounts)			o			
	4	Income from investment of tax-exempt bon		,	0			
	5	Royalties			0.			
'	}	(ı) Re	al	(ıı) Personal				
	6a	Gross rents						ļ
	b	Less rental expenses .						
	С	Rental income or (loss)	0	0				
	ď	Net rental income or (loss) .		. <u>.</u> >	0			
	7a	Gross amount from sales of (i) Secur	ities	(II) Other				}
		assets other than inventory	0	0				
	b	Less cost or other basis		1				1
	1	and sales expenses	0	0				
	c	Gain or (loss)	0	0				
	d	Net gain or (loss)			0			
Other Revenue	8a	Gross income from fundraising events (not including \$0 of contributions reported on line 1c)						
er R		See Part IV, line 18		0				
동		Less direct expenses	b	0	<u>-</u>			
		Net income or (loss) from fundraising even Gross income from gaming activities.			0			
		See Part IV, line 19		0		Į į		
				0				
		Net income or (loss) from gaming activities		. <u>. </u>	0			-
	10a	Gross sales of inventory, less						
		returns and allowances						1
		Less cost of goods sold						
	<u>C</u>	Net income or (loss) from sales of inventor	<u>/ </u>		0			
		Miscellaneous Revenue		Business Code				
		MISCELLANEOUS INCOME		900099	29,210			
	b				0		 	
	C	AH			0		 	-
	d	All other revenue	•	L	0			
	e	Total. Add lines 11a–11d			29,210			
	12	Total revenue. See instructions			906,354	29,210	1	0

	Check if Schedule O contains a response or note to			(C)	· · ·
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic	ļ		ļ	
	ındıvıduals. See Part IV, line 22	0			
3	Grants and other assistance to foreign			ŀ	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,			1	
	trustees, and key employees	70,000	63,897	6,103	
6	Compensation not included above, to disqualified		_		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	387,216	387,216	0	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	93,094	92,420	674	
10	Payroll taxes	35,122	34,822	300	
11	Fees for services (non-employees)				
а	Management	ol		ĺ	
b	Legal	0			
С	Accounting ,	8,165	8,165		
ď	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O.)	ol			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology .	0			
15	Royalties	0			
16	Occupancy	33,620	30,420	3,200	
17	Travel	23,472	21,744	1,728	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials .	o			
19	Conferences, conventions, and meetings	0			
20	Interest	16,180		16,180	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	35,998	0	35,998	
23	Insurance	19,705	19,705		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If			Ì	
	line 24e amount exceeds 10% of line 25, column			-	
	(A) amount, list line 24e expenses on Schedule O)				
а	Program expenses (Utilities/rental/Food/Training assist)	36,539	36,539		
b	Powell convers	7,781	7,610	171	
c	Lithitian/talanhana	27,335	25,850		
ď	Other miss, expenses & GA allocation	119,089	103,833		
e	All other expenses Equipment lease	23,470	21,929	1,541	
25	Total functional expenses. Add lines 1 through 24e	936,786	854,150	82,636	
26	Joint costs. Complete this line only if the	330,780	00-7, 100	02,030	
20	organization reported in column (B) joint costs				
	from a combined educational campaign and	ļ			
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				
		Į.			

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X. (A) (B) Beginning of year End of year 27,971 1 1,484 Cash—non-interest-bearing. 2 2 Savings and temporary cash investments Pledges and grants receivable, net . . . 26.967 227.375 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L. 6 7 Inventories for sale or use 8 21,077 Prepaid expenses and deferred charges . . . 15,609 9 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 1,318,300 959,245 **10c** 924,546 11 ol 11 Investments—publicly traded securities Investments—other securities. See Part IV, line 11 ol 12 0 12 13 13 0 Investments—program-related See Part IV, line 11 0 14 0 14 15 ol 15 0 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,029,792 16 1.174.482 50,300 17 17 Accounts payable and accrued expenses 49,677 18 Grants payable. 18 Deferred revenue . . . 19 78,025 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 324,139 23 316,349 24 Unsecured notes and loans payable to unrelated third parties . 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete 15,782 25 121,296 Total liabilities. Add lines 17 through 25 26 390,221 26 Organizations that follow SFAS 117 (ASC 958), check here ► X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 639.571 27 609,135 28 Temporarily restricted net assets . . 28 29 Permanently restricted net assets . . . Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds . . . 32 33 639,571 33 609,135 Total liabilities and net assets/fund balances 1,029,792 1,174,482

	1990 (2015) COALITION OF FLORIDA FARMWORKER ORGANIZATIONS, INC	59.	2149950	Do	age 12
Pai	t XI Reconciliation of Net Assets	- 00	2110000		ige 12
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		90	6,354
2	Total expenses (must equal Part IX, column (A), line 25) .	2			6,786
3	Revenue less expenses. Subtract line 2 from line 1	3			0,432
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4			9,571
5	Net unrealized gains (losses) on investments	5			<u> </u>
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 in Schedule O)	9			-4
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	<u> </u>			
	column (B)) .	10		609	9,135
Par	Financial Statements and Reporting				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XII				П
				Yes	No
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 in		-		l
	Schedule O		i l		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Doth consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		25		ļ [_]
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	•	2b	Х	
	separate basis, consolidated basis, or both				
С					
·	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	•	2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3a					ļJ
Ju	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			l	
b			3a		
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .	<u></u>	. 3b		
			Form	990 ((2015)

SCHEDULE A (Form 990 or 990-EZ)

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.

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization					Employer identificatio	n number
COALITION OF FLORIDA FARMWOR						49950
Part I Reason for Public Cha						
The organization is not a private found 1 A church, convention of church	•	•	•		•	
2 A school described in section	n 170(b)(1)(A)(ii). (Att	tach Schedule E (Form	990 or 99	90-EZ).)		
3 A hospital or a cooperative he	ospital service organi	zation described in sec	tion 170(l	b)(1)(A)(iii	i).	
4 A medical research organizat	tion operated in conju	inction with a hospital o	described	n section	170(b)(1)(A)(iii). En	iter the
hospital's name, city, and sta	•	· 				
5 An organization operated for section 170(b)(1)(A)(iv). (Co		ge or university owned	or operate	ed by a go	vernmental unit desc	ribed in
6 A federal, state, or local gove	ernment or governmer	ntal unit described in s e	ection 170)(b)(1)(A)(v).	
7 X An organization that normally described in section 170(b)(om a gove	rnmental ı	unit or from the gene	ral public
8 A community trust described	in section 170(b)(1)(A)(vi). (Complete Part	11)			
9 An organization that normally receipts from activities related support from gross investmen acquired by the organization	d to its exempt function nt income and unrelat	ons—subject to certain ted business taxable in	exception come (les	s, and (2) s section :	no more than 33 1/3 511 tax) from busine	3% of its
10 An organization organized ar	nd operated exclusive	ly to test for public safe	ety Seese	ection 509	e(a)(4).	
11 An organization organized ar	•	·	•			the purposes
of one or more publicly support of the box in lines 11a th	orted organizations de	escribed in section 509	a)(1) or s	section 50	09(a)(2). See section	n 509(a)(3).
a Type I. A supporting organ the supported organization You must co	n(s) the power to regu	ularly appoint or elect a				
b Type II. A supporting orga control or management of organization(s) You must	the supporting organ	ization vested in the sa				
c Type III functionally integ	grated. A supporting	organization operated				rated with,
d Type III non-functionally that is not functionally inte	integrated. A suppor	rting organization operation generally must sat	ated in cor	nnection w	vith its supported org	
requirement (see instruction						
e Check this box if the organ functionally integrated, or					ı Type I, Type II, Typ	e III
f Enter the number of supported	• •	any integrated supporting	ig Organiz	.auori,		. 0
g Provide the following informat		ted organization(s)		•	• • • • • • •	· <u> </u>
		(iii) Type of organization (described on lines 1–9 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)			100	<u> </u>		
				Ì		_
(B)						
			<u> </u>	ļ	· · · · · · · · · · · · · · · · · · ·	ļ
(C)						
(D)						
(E)						
Total					0	0

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ction A. Public Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	993,914	1,012,159	939,423	764,602	877,144	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		1,012,100	909,420	704,002	077,144	4,587,242
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3	993,914	1,012,159	939,423	764,602	877,144	4,587,242
•	of the amount shown on line 11, column (f)						
6 Se	Public support. Subtract line 5 from line 4. ction B. Total Support						4,587,242
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	993,914	1,012,159	939,423	764,602	877,144	
8	Gross income from interest, dividends, payments received on securities loans,	000,014	1,012,100	959,425	704,002	077,144	4,587,242
	rents, royalties and income from similar sources						0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	****					0
10	Other income. Do not include gain or loss from the sale of capital assets	07.704	22.224				0
11	Total support. Add lines 7 through 10 .	27,721	26,664	53,416	20,511	29,210	157,522
							<u>4,744,764</u>
13	Gross receipts from related activities, etc. (see First five years. If the Form 990 is for the organization, check this box and stop here.	anızatıon's first, se	econd, third, fourth	, or fifth tax vear as	a section 501(c)(12 3) 	•
<u> 14</u>	tion C. Computation of Public Supp						
15	Public support percentage for 2015 (line 6, colu					14	96.68%
	Public support percentage from 2014 Schedule 33 1/3% support test—2015. If the organization and stop here. The organization qualifies as a	on did not check t	the box on line 13,	and line 14 is 33 1/	[/3% or more,	15	97.46% · · · · · ▶ X
b	33 1/3% support test—2014. If the organization of stop here. The organization qualifies	on did not check a	a box on line 13 or	16a, and line 15 is		check this	. .
17a	10%-facts-and-circumstances test—2015. It is 10% or more, and if the organization meets to Part VI how the organization meets the "facts-a organization	he "facts-and-circ	umstances" test, o	heck this box and s	stop here. Explair	n in	
	10%-facts-and-circumstances test—2014. It 15 is 10% or more, and if the organization mee Part VI how the organization meets the "facts-a supported organization	ts the "facts-and-	circumstances" tes	t, check this box ar	nd stop here. Exi	ne olain in	
18	Private foundation. If the organization did not instructions.						

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

(Complete only if you checked the box on line 9 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.)

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees				_		
	received (Do not include any "unusual grants")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose				_		_ 0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	ıts behalf						0
5	The value of services or facilities	_					
	furnished by a governmental unit to the						
	organization without charge					i	_0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	Amounts included on lines 2 and 3 received						
-	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the			•		}	
	amount on line 13 for the year						0
c	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
•	line 6)				İ		0
Sec	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources .			•	1	1	0
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses	ľ					
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether		l		i	1	
	or not the business is regularly carried on		1				0
12	Other income. Do not include gain or						
-	loss from the sale of capital assets				1		
	(Explain in Part VI.)				İ	1	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	o	0	o) 0) ol	0
14	First five years. If the Form 990 is for the org						
	organization, check this box and stop here .	- '		-			▶□
Sec	tion C. Computation of Public Sup						-
15	Public support percentage for 2015 (line 8, co			(f))		15	0 00%
	Public support percentage from 2014 Schedu	• • •	•	· · · · · · · · · · · · · · · · · · ·		16	0.00%
	tion D. Computation of Investment						
17	Investment income percentage for 2015 (line			olumn (f))		17	0.00%
18	Investment income percentage from 2014 Sc					18	0 00%
	33 1/3% support tests—2015. If the organiz					and line 17 is	
	not more than 33 1/3%, check this box and st						▶ [
b	33 1/3% support tests—2014. If the organiz						-
	line 18 is not more than 33 1/3%, check this b	oox and stop here	. The organization	n qualifies as a pub	olicly supported org	anızatıon .	. > <u>L</u>
20	Private foundation. If the organization did no	ot check a box on	line 14, 19a, or 19	b, check this box a	and see instruction	s	▶[

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	<u> </u>	5	y o a on o onco	<u> </u>	<u> </u>	1101010	000000	<u>, aa. b</u>	,	<u> </u>
Section A.	All Supportir	ıg Organi:	zations							
			_							

- 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) 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 (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 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 in 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 in 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 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)

		Yes	No
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Schedul	e A (Form 990 or 990-E	Z) 2015	COALITION OF FLORIDA FARMWORKER ORGANIZATIONS, INC	59-2149950		Page 5
Part	V Supporti	ng Organ	izations (continued)		7	
					Yes	s No
11			ed a gift or contribution from any of the following persons?			
а			rectly controls, either alone or together with persons described in (b) and (c)	11a		
b	•	-	f a supported organization? n described in (a) above?	11t		
	•	•	person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Pa			1
			Organizations			
	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u></u>			Yes	s No
1	Did the directors,	trustees, o	r membership of one or more supported organizations have the power to			7
			east a majority of the organization's directors or trustees at all times during the	e l		l
			Part VI how the supported organization(s) effectively operated, supervised, of	or		
	▼		activities If the organization had more than one supported organization,		1	1
		•	appoint and/or remove directors or trustees were allocated among the support			
_	_		ditions or restrictions, if any, applied to such powers during the tax year	_1	+-	+-
2			for the benefit of any supported organization other than the supported the supporting organization? If "Yes," explain in Pe	, et		
	• ,	•	it carried out the purposes of the supported organization (s) that operated,			Ì
			supporting organization	2		-
Secti			Organizations			
	<u> </u>	<u>appo.m.s</u>			Yes	s No
1	Were a majority of	of the organ	ization's directors or trustees during the tax year also a majority of the directo	rs		
	or trustees of eac	ch of the org	ganization's supported organization(s)? If "No," describe in Part VI how contro	<i>)1</i>		ļ
	or management of	of the suppo	orting organization was vested in the same persons that controlled or manage			_
	the supported org			1		
Secti	on D. All Type I	III Suppoi	ting Organizations		1,7	
_				<u> </u>	Yes	s No
1			to each of its supported organizations, by the last day of the fifth month of the			
			written notice describing the type and amount of support provided during the j		-	-
			990 that was most recently filed as of the date of notification, and (iii) copies of the transfer on the date of notification, to the extent not previously provides.			
2			a's officers, directors, or trustees either (i) appointed or elected by the support		 	+
-			on the governing body of a supported organization? If "No," explain in Part \		İ	
			a close and continuous working relationship with the supported organization(s			
3			described in (2), did the organization's supported organizations have a			
	significant voice ii	n the organ	ization's investment policies and in directing the use of the organization's		1	
	income or assets	at all times	during the tax year? If "Yes," describe in Part VI the role the organization's	ļ		
	supported organiz				ــــــــــــــــــــــــــــــــــــ	
Section			lly-Integrated Supporting Organizations			
1			ethod that the organization used to satisfy the Integral Part Test du⊓ng the ye	ar (see instructio	ns)	
а	The organizati	ion satisfied	the Activities Test Complete line 2 below			
b	The organizati	ion is the pa	arent of each of its supported organizations. Complete line 3 below			
C	The organizati	ion support	ed a governmental entity Describe in Part VI how you supported a governme	nt entity (see instri	ıctıon	s)
2	Activities Test Ar	newer (a) a	and (h) helow		Ye	s No
a			ganization's activities during the tax year directly further the exempt purposes	of	1	1
_	•		to which the organization was responsive? If "Yes," then in Part VI identify			
	• • • • • •	•	tions and explain how these activities directly furthered their exempt purpos	I		Į.
			sponsive to those supported organizations, and how the organization determi		_	_
	that these activities	es constitut	ed substantially all of its activities	_2a	Ц.	ᆚ
b			n (a) constitute activities that, but for the organization's involvement, one or m			
			ed organization(s) would have been engaged in? If "Yes," explain in Part VI to	he		
		-	's position that its supported organization(s) would have engaged in these	- <u></u>		
_		-	ation's involvement	_ <u>2t</u>	+-	+-
3			rations Answer (a) and (b) below.			
а			e power to regularly appoint or elect a majority of the officers, directors, or		_	
b			orted organizations? <i>Provide details in Part VI.</i> e a substantial degree of direction over the policies, programs, and activities of		+-	+
.			is? If "Yes," describe in Part VI the role played by the organization in this rega		<u> </u>	

Schedule A (Form 990 or 990-EZ) 2015 COALITION OF FLORIDA FARMWORKER ORG	ANIZ	ATIONS, INC 59-2	2149950 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C			, 12900
1 Check here if the organization satisfied the Integral Part Test as a qualifying	a trus	t on Nov 20, 1970, See ins	tructions. All
other Type III non-functionally integrated supporting organizations must co	mplet	e Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	11		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	0
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	0	0
Section B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e 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	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	ol	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
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		0
7 Check here if the current year is the organization's first as a non-functional	y-ınte	grated Type III supporting of	organization (see

instructions)

_	A (Form 990 or 990-EZ) 2015 COALITION OF FLORIDA FAR			9-2149950 Page 7
Part) Supporting Organiz	zations (continued)	Current Year
	on D - Distributions Amounts paid to supported organizations to accomplish exe	empt ournoses		Outrent rear
	Amounts paid to supported organizations to accomplish exemption and to perform activity that directly furthers exempt			
_	organizations, in excess of income from activity	or purposes or supported	Ì	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	tions	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
6				
7	Total annual distributions. Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which t	he organization is respon	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			0
10_	Line 8 amount divided by Line 9 amount			0.000
s	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015	ļ		
а				
<u>b</u> _				
<u>_</u>		<u> </u>		
<u>d</u>	From 2013			
	From 2014			
<u>f</u>		<u> </u>		
	Applied to underdistributions of prior years		0	0
<u>n</u>	Applied to 2015 distributable amount	 		
 -	Carryover from 2010 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2015 from Section	 		
-	D. line 7 \$ 0			
	Applied to underdistributions of prior years		0	
	Applied to 2015 distributable amount			0
 _	Remainder Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			ļ ,
	greater than zero, see instructions).	<u> </u>	0	
6	Remaining underdistributions for 2015 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			0
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.	0		
_8	Breakdown of line 7			

0

b

C

Excess from 2013.

d Excess from 2014.e Excess from 2015.

Schedule A (Fe	orm 990 or 990-EZ) 2015 COALITION OF FLORIDA FARMWORKER ORGANIZATIONS, INC	59-2149950 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a	
	III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part	
	B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lii	
	3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part	V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	
	••	
	,	

SCHEDULE D (Form 990)

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name	of the organization		Employer identification number
COA	LITION OF FLORIDA FARMWORKER ORGA	NIZATIONS, INC	59-2149950
Par	Organizations Maintaining Don	or Advised Funds or Other Similar Fu	
		ver <u>ed "Yes" on</u> Form 990, Part IV, line 6	
-		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and de	onor advisors in writing that the assets held in	donor advised
	funds are the organization's property, subject	t to the organization's exclusive legal control?	P Yes No
6	Did the organization inform all grantees, don	ors, and donor advisors in writing that grant fu	unds can be
		r the benefit of the donor or donor advisor, or	
	purpose conferring impermissible private be	nefit?	Yes No
Par			
	Complete if the organization answ	vered "Yes" on Form 990, Part IV, line 7	, :
1	Purpose(s) of conservation easements held	by the organization (check all that apply).	
	Preservation of land for public use (e.g., rec	reation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2		tion held a qualified conservation contribution	oun the form of a conservation
_	easement on the last day of the tax year	tion held a qualified conservation contribution	Held at the End of the Tax Year
а	Total number of conservation easements .		2a
b	Total acreage restricted by conservation eas	ements	2b
C	Number of conservation easements on a cel		2c 2c
ď	Number of conservation easements included		20
_	historic structure listed in the National Regis		2d
3	-	d, transferred, released, extinguished, or term	
•	the tax year ▶	z, transistion, released, extinguished, or term	mated by the organization during
4	Number of states where property subject to	conservation easement is located	
5		regarding the periodic monitoring, inspection,	handling of
	violations, and enforcement of the conservat	· · · · · · · · · · · · · · · · · · ·	Yes No
6		inspecting, handling of violations, and enforcing c	
	>		,
7	Amount of expenses incurred in monitoring, insp	ecting, handling of violations, and enforcing conse	ervation easements during the year
	▶ \$		
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements of	f section 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes . No
9	In Part XIII, describe how the organization re	ports conservation easements in its revenue	and expense statement, and
		text of the footnote to the organization's finar	ncial statements that describes
	the organization's accounting for conservation		
Par		ections of Art, Historical Treasures, c	
	Complete if the organization answ	vered "Yes" on Form 990, Part IV, line 8	j
1a	If the organization elected, as permitted und-	er SFAS 116 (ASC 958), not to report in its re	venue statement and balance sheet
	works of art, historical treasures, or other sin	nilar assets held for public exhibition, education	on, or research in furtherance
	of public service, provide, in Part XIII, the tex	ct of the footnote to its financial statements that	at describes these items.
b	= :	er SFAS 116 (ASC 958), to report in its reven	
		nilar assets held for public exhibition, education	on, or research in furtherance
	of public service, provide the following amou	nts relating to these items	
	(i) Revenue included on Form 990, Part VIII	, line 1	> \$
	(ii) Assets included in Form 990, Part X	nts relating to these items , line 1	> \$
2	If the organization received or held works of	art, historical treasures, or other similar asset	is for financial gain, provide the
		nder SFAS 116 (ASC 958) relating to these ite	
а	Revenue included on Form 990, Part VIII, Iir	e 1	> \$
b	Assets included in Form 990, Part X	<u> </u>	> \$

Daga 2

Schedule D (Form 990) 2015	COALITION OF FLORIDA FARMWORKER ORGANIZATIONS.	INC

Sche	dule D (Form 990) 2015 COALITION OF FLORI	DA FARMWORKER ORG	GANIZATIONS, INC	59-214	19950	Page 2
Par	t III Organizations Maintaining Co	llections of Art, Histo	orical Treasures, o	r Other Similar Ass	ets (continue	<i>∍d)</i>
3	Using the organization's acquisition, access	sion, and other records, c	theck any of the followi	ng that are a significan	t use of its	
	collection items (check all that apply)					
а	Public exhibition	d 🗌	Loan or exchange p	orograms		
b	Scholarly research	e 🗍	Other			
С	Preservation for future generations					
4	Provide a description of the organization's a	collections and explain ho	ow they further the orga	anızatıon's exempt purp	oose in Part	
5	During the year, did the organization solicit					٦
	assets to be sold to raise funds rather than		of the organization's c	ollection?	Yes	<u>No</u>
Par	Complete if the organization and 990, Part X, line 21.		990, Part IV, line 9,	or reported an amo	unt on Form	
1a	Is the organization an agent, trustee, custo	dian or other intermediary	y for contributions or ot	her assets not		_
b	included on Form 990, Part X? If "Yes," explain the arrangement in Part XI				Yes	No
		•	J		Amount	
С	Beginning balance			1c		0
d	Additions during the year			1d		
е	Distributions during the year			1e		
f	Ending balance			1f		0
2a	Did the organization include an amount on	Form 990, Part X, line 21	, for escrow or custodi	al account liability?	Yes X	No
b	If "Yes," explain the arrangement in Part XI	III. Check here if the expla	anation has been provi	ded on Part XIII	. — . 「	Ī
Pari		· · · · · · · · · · · · · · · · · · ·	 ·			
	Complete if the organization ans	swered "Yes" on Form	990. Part IV. line 10).		
	The state of the s	a) Current year (b) Price			ck (e) Four year	rs back
1a	Beginning of year balance	0	0	0		
b	Contributions					
С	Net investment earnings, gains,					
	and losses					
d	Grants or scholarships					
е	Other expenditures for facilities				_	
	and programs					
f	Administrative expenses					
g	End of year balance	0	0	0	0	0
2	Provide the estimated percentage of the cu	·	ine 1g, column (a)) hel	d as		
a	Board designated or quasi-endowment	> %				
b	Permanent endowment	<u>%</u>				
С	Temporarily restricted endowment	<u>%</u>				
a -	The percentages on lines 2a, 2b, and 2c sh					
3a	Are there endowment funds not in the poss	session of the organization	n that are held and adr	ninistered for the		
	organization by (i) unrelated organizations				Yes 3a(i)	No
	(i) unrelated organizations (ii) related organizations				3a(ii)	+
b	If "Yes" on line 3a(ii), are the related organi	 Izatione listed as required	Lon Schedule R2		3b	+
4	Describe in Part XIII the intended uses of the					——
Part						
	Complete if the organization and		990 Part IV line 1	la See Form 990 F	Part X line 10)
	Description of property	(a) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Book val	
		(investment)	basis (other)	depreciation	(=, = 00 K val	
1a	Land	0	120,000		1	120,000
b	Buildings	. 0	1,033,550	298,075		735,475
C	Leasehold improvements	0	76,372	14,081		62,291
đ	Equipment	0	25,026			6,780
<u>e</u> _	Other	0	63,352	63,352		0
Total	. Add lines 1a through 1e (Column (d) must	equal Form 990, Part X,	column (B), line 10c)		9	24,546

Part VII	Investments—Other Securities Complete if the organization ar		0 Part IV line 11b See For	m 990 Part X, line 12
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year	aluation
(1) Financial o	derivatives	0		
(2) Closely-he	eld equity interests	0		
(3) Other				
(G)				
(H)				
Total. (Column (b) n	nust equal Form 990, Part X, col (B) line 12)	0		
Part VIII	Investments—Program Relat Complete if the organization ar		00, Part IV, line 11c. See For	m 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year	
(1)	,			-
(2) (3)				
(4)			-	
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>				
	must equal Form 990, Part X, col (B) line 13)	0		
Part IX	Other Assets. Complete if the organization ar	newared "Vee" on Form Of	O Part IV line 11d See For	m 000 Bart V line 15
		a) Description	90, Part IV, line 11d. See For	(b) Book value
(1)		2, 2000 ip.io.i		(b) Book tailed
(2)				
(3)				
(4)				
(5)	······································			
<u>(6)</u>				
(7)		_		
(8)				
(9)	n (b) must equal Form 990, Part X, co	d (R) line 15)		
Part X	Other Liabilities.	(B) IIIIC 10.)		<u> </u>
Ture A	Complete if the organization ar line 25.	swered "Yes" on Form 99	90, Part IV, line 11e or 11f. S	ee Form 990, Part X,
1	(a) Description of liability	(b) Book value		
(1) Federal ıı	ncome taxes	0		
(2) Employee	e Benefit Contribution	219		
(3) Accrued		84,365		
(4) Vacation		5,980		
(5) Deferred		00.700		
(6) Accrued	payroll	30,732		
(7)				
(8)				
	ist equal Form 990, Part X, col (B) line 25)	121,296		
	ncertain tax positions. In Part XIII, provid		organization's financial statements	s that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Par		Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments	-	
b	Donated services and use of facilities	-i i	
С	Recoveries of prior year grants	4	
d	Other (Describe in Part XIII)		•
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	-l	
b		 	0
C E	Add lines 4a and 4b	4c 5	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	er Keturn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments	-	
c	Other losses	┥ !	
d	Other (Describe in Part XIII.)	-{	
e	Add lines 2a through 2d	2e	0
3	Cultimat line 2s from line 4	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	00 (5) 5 (30)	┥	
c	Add lines 4a and 4b.	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).	5	0
	Supplemental Information.	1 3 1	
	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
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Schedule D (Form 9	90) 2015	COALITION OF FLORIDA FARMWORKER ORGANIZATIONS, INC	59-2149950	Page 5
Part XIII	Supple	emental Information (continued)		
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SCHEDULE 1 (Form 990)

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

▶ Attach to Form 990.

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line	
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Part	
990,	
Form	
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d "Yes" on Form 990, Part IV, line 21 or 2;	
answered	
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organization a	•
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Open to Public 2015

OMB No 1545-0047

Department of the Treasury ► Attach to Form 990.	Open to Public
Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www irs now/form 900	Inspection
Name of the organization	Employer identification number
COALITION OF FLORIDA FARMWORKER ORGANIZATIONS, INC	59_2149950
Part General Information on Grants and Assistance	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	s or assistance, and

Yes No Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete If the organization answered "Yes" on Form Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? Part II

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(6)							
(9)							
(1)							
(8)							
(6)							
(10)							
(11)							
(12)							
	501(c)(3) and g	overnment organiza	tions listed in the line 1	table		A	
3 Enter total number of other organizations listed in the line 1 table	danizations liste	ed in the line 1 table				A	

Schedule I (Form 990) (2015)

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

59-2149950

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COALITION OF FLORIDA FARMWORKER ORGANIZATIONS, INC

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

Schedule I (Form 990) (2015)

Part III

(f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part IV ς,

Schedule I (Form 990) (2015)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

59-2149950

COALITION OF FLORIDA FARMWORKER ORGANIZATIONS, INC

Pai	ttl Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash co	(d) of detendent	ermining	g ounts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods				<u> </u>			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							_
18	Collectibles							
19	Food inventory					_		
20	Drugs and medical supplies .							
21	Taxidermy	<u></u>						
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other ► (
29	Number of Forms 8283 received b							
	which the organization completed	Form 8283,	Part IV, Donee Acknowledg	gement	29			
							Yes	No
30a	During the year, did the organization		• • • • • • • • • • • • • • • • • • • •	•	-			ļ
	28, that it must hold for at least thr	•		· · · · · · · · · · · · · · · · · · ·	•			
	to be used for exempt purposes for		holding period?			30a		
b	If "Yes," describe the arrangement							į
31	Does the organization have a gift a	•		•				
						31		_X
32a	Does the organization hire or use	•	_	•				
						32a		X
b	If "Yes," describe in Part II.							
33	If the organization did not report at checked, describe in Part II		column (c) for a type of pro	perty for which column (a) is	;			

Schedule M (I	Form 990) (2015) COALITION OF FLORIDA FARMWORKER ORGANIZATIONS, INC	<u>59-2149</u> 950	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, ar	nd 33, and who	ether
	the organization is reporting in Part I, column (b), the number of contributions, the number or a combination of both. Also complete this part for any additional information.	TOTREMS TECE	
		,	-
			
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization Employer identification number COALITION OF FLORIDA FARMWORKER ORGANIZATIONS, INC 59-2149950 Form 990, Part VI, Section A, Line 8B The organization does not have a seperate committe authorized to act on the behalf of the governing board. Form 990, Part VI, Section B, Line 11A Form 990 is reviewed by the board and the executive director prior to submission to the IRS Form 990, Part VI, Section B, Line 12 Conflict of interest are disclosed at each board meeting Form 990, Part VI, Section C, Line 19 The organization makes its govering documents, form 990 and financial statements are available upon request Form 990, Part XI, Line 9 rounding correction

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization	Employer identification number
COALITION OF FLORIDA FARMWORKER ORGANIZATIONS, INC	59-2149950
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