	TENDED					
Return of	Organiz	zation	Exemp	ot From	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.



					Open to Public Inspection		
			ar year, or tax year beginning		ending		mopoulon
в	Check if applicat	C Name o	forganization			D Employer identifi	ication number
	Addr	EAST	COAST MIGRANT HEA	D START PROTECT			
	Nam chan	e	usiness as	D BIARI FRODECI		52-10200	23
	Initia		and street (or P.O. box if mail is not c	alivered to street address)	Room/suite		
	Final		SUGAR BUSH ROAD		400	E Telephone numbe 919-926-	
L	lermi termi ated	n-	own, state or province, country, and		1100	G Gross receipts \$	83,557,272.
	Amer		IGH, NC 27612			H(a) Is this a group r	
Γ	Appli		nd address of principal officer: SO	NDRA MCDONALD		for subordinates	
_	pend		AS C ABOVE			H(b) Are all subordinates in	
T	Tax-e>	empt status:) (insert no.) 4947(a)(1)	or 52		list. See instructions
J	Webs	ite: WWW.	ECMHSP.ORG			H(c) Group exemption	
к	Form o	of organization;	X Corporation Trust /	Association 🚺 Other	L Year		M State of legal domicile: VA
P	art I	Summary					
	1	Briefly describ	e the organization's mission or mos	st significant activities: EAST	COAST	MIGRANT HE	AD START
Activities & Governance		PROJECT	IS COMMITTED TO P	REPARING THE CHI	LDREN	OF MIGRANT	AND
rna	2	Check this bo:	x if the organization disc	ontinued its operations or dispos	sed of more	e than 25% of its net as	sets.
0Ve	3		ing members of the governing body				10
<u>م</u>	4	Number of ind	ependent voting members of the g	overning body (Part VI, line 1b)		4	10
es	5	Total number of	of individuals employed in calendar	year 2023 (Part V, line 2a)			1275
iviti	6	Total number of	of volunteers (estimate if necessary)				150
Act	7 a	Total unrelated	d business revenue from Part VIII, c	olumn (C), line 12		<u>7a</u>	0.
-	b	Net unrelated	business taxable income from Form	990-T, Part I, line 11	<u></u>		0.
					_	Prior Year	Current Year
P	8				0.0000000000000000000000000000000000000	75,969,318.	83,044,096.
Revenue	9					160,969.	232,677.
Re	10		ome (Part VIII, column (A), lines 3, 4			-32,121.	147,968.
	11		(Part VIII, column (A), lines 5, 6d, 8d			0.	0.
-	12			ust equal Part VIII, column (A), line 12) , column (A), lines 1-3)		76,098,166. 5,177,469.	83,424,741.
	14		o or for members (Part IX, column (10041402341 pmm	<u> </u>	5,224,406.
	40		compensation, employee benefits			45,730,550.	50,993,275.
Expenses	162		ndraising fees (Part IX, column (A),			<u>4</u> 5,750,550. 0.	0.
Den	Ь		ng expenses (Part IX, column (D), lir			0.	
Ă	17		s (Part IX, column (A), lines 11a-11c	-		23,033,977.	23,049,064.
			s. Add lines 13-17 (must equal Part			73,941,996.	79,266,745.
	19	Revenue less e	expenses. Subtract line 18 from line	12		2,156,170.	4,157,996.
JO.					Be	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (P	art X, line 16)			24,729,073.	30,577,889.
AS	21	Total liabilities	(Part X, line 26)			9,265,733.	10,956,553.
Net	22	Net assets or f	und balances. Subtract line 21 from	1 line 20		15,463,340.	19,621,336.
Pa	irt II	Signature					
Unde	er pena	lties of perjury, I	declare that I have examined this return	, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is
true,	correc	t, and complete.	Declaration of preparer (other than offic		ich preparer	has any knowledge	10 1
	Contract (1)	Cianter al all	Share A. T	Mporall		10/20	12024
Sigr		Signature of off			-	Date /	1
Her	Ð			NANCIAL OFFICER			
_	-	Type or print na	and the second se			Data	
D		Print/Type prepa		Preparer's signature	2	Date Check	PTIN
Paid Prop			I. STAFFORD	ASHLEY H. STAFFO	ם מאי	0/22/24 self-employe	
Prep IIco		Firm's name	CARR, RIGGS & ING			Firm's EIN 7	2-1396621
Use	only	Firm's address	1117 BOLL WEEVIL				
May	the IF	S discuss this	ENTERPRISE, AL 36 return with the preparer shown abo			Phone no. 3 34	4-347-0088
_			duction Act Notice, see the separ				X Yes No
	1 01	aperwork ne	duction Act Notice, see the separ	ate instructions. 332001 12	-21-23		Form 990 (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

		52-1020023	Page 2
Pai	rt III Statement of Program Service Accomplishments		X
1	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	<u>A</u>
-	EAST COAST MIGRANT HEAD START PROJECT IS COMMITTED TO PREM	ARING THE	
	CHILDREN OF MIGRANT AND SEASONAL FARM WORKERS FOR SUCCESS		
	BY PROVIDING HOLISTIC, HIGH-QUALITY EARLY CHILDHOOD EDUCAT		CES
	FOR CHILDREN AND FAMILIES IN A NURTURING, CULTURALLY-SENS	TIVE	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Ve	s X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ye	es 🚺 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expenses,	and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$66,658,685. including grants of \$5,224,406.) (Revenue \$	380	,645.)
4a	(Code:) (Expenses \$ 66,658,685. including grants of \$ 5,224,406.) (Revenue \$ ECMHSP PROVIDED HIGH-QUALITY AND COMPREHENSIVE HEAD START		/
	SEVERAL THOUSAND CHILDREN OF MIGRANT AND SEASONAL FARMWORK		
	OKEECHOBEE, FLORIDA, TO LAKE ERIE, PENNSYLVANIA, AND SINCH		1,
	2021, WEST TO INDIANA AND OKLAHOMA. ECMHSP DELIVERS THESE	SERVICES	IN
	ACCORDANCE WITH TWO MODELS: (1) ECMHSP DIRECTLY SERVES FAM		
	CHILDREN IN THE AREAS OF FLORIDA, ALABAMA (INCLUDING PARTS		
	MISSISSIPPI), GEORGIA, INDIANA, OKLAHOMA, SOUTH CAROLINA,		
	CAROLINA, AND VIRGINIA (INCLUDING PARTS OF MARYLAND); AND FUNDS OTHER NON-PROFIT CORPORATIONS (CALLED "SUB-RECIPIEN"	(2) ECMHS S") THAT	Р
	PROVIDE SERVICES IN AREAS OF PENNSYLVANIA AND NEW JERSEY.	.5 / INAI	
	INVIDE BERVICED IN AREAD OF TEMADELVARIA AND NEW CERDET.		
4b	(Code:) (Expenses \$1,062,733. including grants of \$) (Revenue \$	j)
	ECMHSP ALSO IS FUNDED TO PROVIDE TRAINING AND TECHNICAL AS		ТО
	STAFF OF ECMHSP AND ITS DELEGATE AGENCIES. TRAINING AND TH		
	ASSISTANCE IS ACCOMPLISHED THROUGH A VARIETY OF ACTIVITIES		
	ON-SITE TRAINING AND TECHNICAL ASSISTANCE, CLUSTER TRAINING CONFERENCE ACTIVITIES. IN ADDITION, ECMHSP IS FUNDED TO PR		NUAL
	PROFESSIONAL DEVELOPMENT ACTIVITIES RELATING TO THE CREDEN		F
	HEAD START TEACHERS AND OTHER HEAD START STAFF.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue 5)
)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 67,721,418.		990 (2023)
332000	2 12-21-23	Form	(2023)
552002	2		

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		st of Required		
Form 990 (2023)	EAST	COAST	M

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? 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			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		v
~	similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
7		7		х
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	0		
3	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 donor-restricted endowments			
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.			
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	x	
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		х
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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? 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	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		<u>X</u>
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			77
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
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			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		v
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		х
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18		- 23
19		19		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
		20a 20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	x	
332003	12-21-23			(2023)

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Form	990	(2023)	
1 01111	000	(2020)	

			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		<u> </u>
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 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		
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		Х
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		Х
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		Х
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		х
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		х
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>			
•	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
02		32		х
33	Schedule N, Part II	52		
55	5	33		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	- 33		- 23
94	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
25 0	Part V, line 1	34 35a		x
		558		
u	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)2. If "Yes," complete School 2. Dest V line 2.	35b		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	350		
36		26		х
27	If "Yes," complete Schedule R, Part V, line 2	36		- 23
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
~~	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	00	x	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	
1 0				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 199			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	<u> </u>
332004	12-21-23	Form	990	(2023)
	4			

Form	990 (2023) EAST COAST MIGRANT HEAD START PROJECT 52-1020	023	Р	_{age} 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 1275			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a		3a		x
		3b		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	30		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		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 organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
a L		7a 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			v
	to file Form 8282?	7c		X
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 contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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			
	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:	0.0		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
		-		
		-		
11	Section 501(c)(12) organizations. Enter:			
a	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.)	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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]		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
15		15		x
	excess parachute payment(s) during the year?	13		
40	If "Yes," see the instructions and file Form 4720, Schedule N.	10		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	1		1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		<u> </u>
	If "Yes," complete Form 6069.			
332005	5 12-21-23	Form	9 90	(2023)

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Form 990	(2023)
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EAST COAST MIGRANT HEAD START PROJECT 52-1020023 Page 6

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	10	<u>)</u>		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10	<u>)</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	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	e direc	t 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 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		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 ap	point	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, st	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:			
а	The governing body?			<u>8a</u>	X	
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 read					
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			.
					Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		<u> </u>
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch			104		
			a filing the form?	10b	x	
na b	Has the organization provided a complete copy of this Form 990 to all members of its governing body. Describe on Schedule O the process, if any, used by the organization to review this Form 990.			<u>11a</u>		
12a	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>//</i> "Y					
•	on Schedule O how this was done	, -		12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		•			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	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 arrangen	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filedNONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3	s only)	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy, ar	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 boo	oks and	d records			
	SONDRA MCDONALD - 919-420-0334					
	2301 SUGAR BUSH ROAD, NO. 400, RALEIGH, NC 27612				000	
332000	i 12-21-23			Forn	1990	(2023)

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)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more that			one	Reportable	Reportable	Estimated	
	hours per	box	ox, unless pe		rson i	s both	n an	compensation	compensation	amount of
	week		ficer and a d			i/i us		from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	al trus		yee	mpen		1099-NEC)	1000 NEO)	and related
	below	ndividual trustee or director	nstitutional trustee	r	mplo	est co oyee	er			organizations
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former			0
(1) MARIA GARZA	40.00									
CHIEF EXECUTIVE OFFICER				Х				188,911.	0.	28,787.
(2) JOHN MENDITTO	40.00									
CHIEF LEGAL OFFICER				Х				169,446.	0.	41,332.
(3) CHRISTINE L ALVARADO	40.00									
CHIEF INNOVATION OFFICER				Х				151,345.	Ο.	30,789.
(4) JAVIER GONZALEZ	40.00									
CHIEF OPERATIONS OFFICER				х				138,076.	Ο.	37,698.
(5) PATRICIA MARTINEZ	40.00									
CHIEF OF STAFF				Х				153,443.	0.	13,412.
(6) ANGEL J CASIANO	40.00									
DIRECTOR OF PROGRAM OPERAT						X		125,443.	0.	34,972.
(7) STEVEN C. MAYNE, CPA, MBA	40.00									
CHIEF FINANCIAL OFFICER				Х				133,140.	0.	23,252.
(8) LORETTA N JONES	40.00									
HEAD START ADMINISTRATOR						X		122,559.	0.	26,011.
(9) JAMIE JENNY GUZMAN	40.00									
DIRECTOR OF PROGRAM OPERAT						X		121,357.	0.	21,000.
(10) DANA E. ROGERS	40.00							105.050		4.0.47.0
DIRECTOR	40.00					X		106,869.	0.	19,470.
(11) DOLORES A. STUBBS	40.00							100 000	0	0 005
DIRECTOR	40.00					X		107,923.	0.	9,905.
(12) MAYRA RANGEL DIRECTOR	40.00					x		108,979.	0.	6 111
(13) ROSECAR MCCORMICK	40.00					<u> </u>		100,979.	0.	6,441.
DIRECTOR OF PROGRAM OPERAT	40.00					x		100,841.	0.	9,086.
(14) RAMONA R. REYES	7.00							100,041.		5,000.
PRESIDENT		х						0.	0.	0.
(15) JUVENCIO ROCHA-PERALTA	6.00									
VICE PRESIDENT		х						0.	0.	0.
(16) CARLOS KLINGER	2.00									
TREASURER		х						0.	0.	0.
(17) MARIA DALINDA SOLIS	2.00									
SECRETARY		х						0.	0.	0.
332007 12-21-23					-					Form 990 (2023)

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	AST MIGRA	NT	' H	EA	D	ST	AR'	T PROJECT	52-102	<u>200</u>	23	Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) (B) (C) (D) (E)											(F)
Name and title Average Posi								Reportable	Reportable		Estim	ated
	hours per	box	, unles	s pers	son is	both /truste	an	compensation	compensation		amou	
	week (list any					/ 11 43 40	,	from the	from related		oth	
	hours for	In dividual trustee or director				ъ		organization	organizations (W-2/1099-MISC	·/	comper from	
	related	e or	stee			nsated		(W-2/1099-MISC/	1099-NEC)	"	organiz	
	organizations	trust	al tru		yee	ompe		1099-NEC)	,		and re	
	below	vidual	nstitutional trustee	Cer	Key employee	Highest compensated employee	ner				organiz	ations
	line)	Indi	Insti	Officer	Key	High emp	Former			$ \rightarrow $		
(18) SHERRIE RUDICK 2.00												•
BOARD MEMBER		Х			_		-	0.	(0.		0.
(19) MICHAEL G. CANO, ESQ.	2.00	v						0.	(0.		0
BOARD MEMBER (20) ISRAEL NAJERA	2.00	X		_	-		\rightarrow	0.	L L	<u>·</u> +		0.
BOARD MEMBER	2.00	x						0.	(0.		0.
(21) DR. JOSE S. VILLA	2.00			_			\dashv	0.		<u> </u>		
BOARD MEMBER	2.00	х						0.	(0.		0.
(22) ESPERANZA GAMBOA	2.00									<u> </u>		
BOARD MEMBER		x						0.	(0.		0.
(23) RONNIE L. MARQUEZ -POSEY	2.00											
BOARD MEMBER		Х						0.	(0.		0.
							_			\rightarrow		
				_	_		-			+		
1b Subtotal								1,728,332.	(0.	302,	155.
c Total from continuation sheets to Part								0.	(0.		0.
d Total (add lines 1b and 1c)								1,728,332.	(0.	302,	155.
2 Total number of individuals (including bu	t not limited to th	ose	liste	d ab	ove)	who	o rec	ceived more than \$100,	000 of reportable			
compensation from the organization												13
											Ye	es No
3 Did the organization list any former offic	er, director, trust	ee, k	key e	mplo	oyee	e, or l	high	est compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J fo											3	<u> </u>
4 For any individual listed on line 1a, is the												-
and related organizations greater than \$,		'								4 X	·
5 Did any person listed on line 1a receive of	-				-			-			-	v
rendered to the organization? <i>If</i> "Yes." <i>c</i> Section B. Independent Contractors	omplete Schedule	e J fe	or su	ch p	ersc	<u>. n</u>				<u> </u>	5	X
1 Complete this table for your five highest	componented inc	lono	ndor	t co	ntra	ctor	- the	at received more than \$	100 000 of compo	ncati	on from	
the organization. Report compensation f	•	•							•	nsau		
(A)			, riain	<u>g m</u>		1 1111		(B)			(C)	
Name and busine	ess address							Description of s	ervices	Сс	ompensa	tion
GONZALEZ METAL ROOFING												
430 MINTZ ROADS, ROSEBON	RO, NC 28	38	2				R	OOFING			635,	225.
ARVIN GENERAL CONTRACTING												
	808 CIRCA FISHHAWK BLVD, LITHIA, FL 33547 GENERAL CONTRACTING 254,854.											
UNIVERSAL REMOLDING & RO		~ 4	~ ~ ~									
309 HUDSON STREET, VALDO	OSTA, GA	31	60	1			R	OOFING			212,	500.
GENX SECURITY SOLUTIONS		1 ~									1 ~ 4	220
PO BOX 26524, GREENVILLI STEPHEN PAEGLOW	5, SC 296	тρ					-G	ENERAL CONTI	KACTING		104,	230.
5242 PEACEFUL LAKES DRIV		ज	v	Δ 1	223	350		ENERAL CONT			150	796.
2 Total number of independent contractors											<u> </u>	
\$100,000 of compensation from the orga					5			,				

Form **990** (2023)

332008 12-21-23

					ST MI	GRANT HEA	AD START PH	ROJECT	52-1020	023 Page 9
Pa	rt V	/111	Statement of Re	venue						
			Check if Schedule O	contains a	response	or note to any lin		(B)	(C)	
							(A) Total revenue	Related or exempt		Revenue excluded from tax under sections 512 - 514
S S	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		1b					
Ϋ́Θ			Fundraising events		1c					
Sifts ar /		d	Related organizations		1d					
imi)			Government grants (contr		1e	82,983,397.				
er S		f	All other contributions, gifts,			<u> </u>				
lib B			similar amounts not included		1f	60,699.				
nd		-	Noncash contributions included in	lines 1a-1f	1g \$		83,044,096.			
0 a		n	Total. Add lines 1a-1f			Business Code	05,044,050.			
•	2	а	PROGRAM SERVICE REVI	ENUE		900099	232,677.	232,677.		
vice	2	b					,	, -		
Ser		С								
am		d								
Program Service Revenue		е								
д		f	All other program service	revenue						
		g	Total. Add lines 2a-2f				232,677.			
	3		Investment income (includ	ding divide	nds, intere	st, and				
	4		Income from investment of							
	5		Royalties	(i) Real	(ii) Personal				
	6	а	Gross rents	6a	/ 104					
	Ŭ		Less: rental expenses	6b						
			Rental income or (loss)	6c						
		d	Net rental income or (loss)							
	7	а	Gross amount from sales of	(i) S	ecurities	(ii) Other				
			assets other than inventory	7a 2	280,499.					
		b	Less: cost or other basis							
venue			and sales expenses		132,531.					
0			Gain or (loss)		L47,968.		147 069	147.069		
Other R	~		Net gain or (loss) Gross income from fundraising				147,968.	147,968.		
Ę	0	d	including \$							
Ŭ			contributions reported on							
			Part IV, line 18	-						
		b	Less: direct expenses							
			Net income or (loss) from							
	9	а	Gross income from gamin							
		_	Part IV, line 19							
			Less: direct expenses							
	40		Net income or (loss) from							
	10	a	Gross sales of inventory, I and allowances							
		b	Less: cost of goods sold							
_			Net income or (loss) from		·····	•				
		-				Business Code				
Miscellaneous Revenue	11	а								
ane		b								ļ
Seve		С								
Mis			All other revenue							
			Total. Add lines 11a-11d				83,424,741.	380,645.	0.	0.
33200	12		Total revenue. See instructio	JIIS			00,424,/41.	1 500,045.	I ⁰ .	Form 990 (2023
JJ200	J 12-	- 2 1-	20							

9

	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	5,224,406.	5,224,406.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	50,993,275.	46,373,730.	4,619,545.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	626,916.	384,421.	242,495.	
14	Information technology				
15	Royalties				
16	Occupancy	930,872.	283,469.	647,403.	
17	Travel	2,599,260.	2,201,360.	397,900.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,346,777.		3,346,777.	
23	Insurance	743,674.	597.	743,077.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	FACILITY REPAIRS & MAIN	4,103,642.	4,103,377.	265.	
	MISCELLANEOUS	3,083,245.	2,436,462.	646,783.	
c	CLASSROOM SUPPLIES	1,747,969.	1,733,175.	14,794.	
d	FOOD SERVICE SUPPLIES	1,460,379.	1,430,425.	29,954.	
	All other expenses	4,406,330.	3,549,996.	856,334.	
25	Total functional expenses. Add lines 1 through 24e	79,266,745.	67,721,418.	11,545,327.	0
26	Joint costs. Complete this line only if the organization	, , , ,	, , , , ,	, , , , , , , , , , , , , , , , , , , ,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form 990 (2023)

EAST COAST MIGRANT HEAD START PROJECT 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).

52-1020023 Page 10

332010 12-21-23

Check here

09221022 794202 10-03130.000

if following SOP 98-2 (ASC 958-720)

09221022 794202 10-03130.000

EAST COAST MIGRANT HEAD START PROJECT

52-1020023 Page 11

		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,044,083.	1	1,336,052.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	2,359,761.
	4	Accounts receivable, net			214,148.	4	795.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualit	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	l in sec	tion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	–		470,085.	9	926,302.	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	<u>31,619,767.</u> 13,831,576.			
	b	Less: accumulated depreciation	16,786,181.	10c	17,788,191.		
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	6,214,576.	14	8,166,788.		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	3)	24,729,073.	16	30,577,889.
	17	Accounts payable and accrued expenses			2,744,363.	17	3,266,374.
	18	Grants payable		18	-		
	19	Deferred revenue			113,549.	19	0.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
Se	22	Loans and other payables to any current or form	er offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
iabi		controlled entity or family member of any of thes		F		22	
-	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			6,407,821.		7,690,179.
	26	Total liabilities. Add lines 17 through 25			9,265,733.	26	10,956,553.
s		Organizations that follow FASB ASC 958, che	ck here	e X			
ice		and complete lines 27, 28, 32, and 33.			15 462 240		10 001 000
alar	27				15,463,340.	27	19,621,336.
B	28	Net assets with donor restrictions				28	
oun		Organizations that do not follow FASB ASC 9	58, che	eck here			
ΥF		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ec				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		F	15 462 240	31	10 601 226
Ne	32	Total net assets or fund balances			15,463,340.	32	19,621,336.
	33	Total liabilities and net assets/fund balances			24,729,073.	33	30,577,889.

Form 990 (2023)

Form 990 (2023) Part X Balance Sheet

	1990 (2023) EAST COAST MIGRANT HEAD START PROJECT	52-	-1020	023	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,42		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,26		
3	Revenue less expenses. Subtract line 2 from line 1	3		,15		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15	,46	3,3	40.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	19	,62	1,3	36.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.				
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 Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C)_			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u></u>	3b	Х	

Form **990** (2023)

332012 12-21-23

SCHE	DULE A		Dublic Cho	rity Status on		lia Cu	nnart		OMB No. 1545-0047		
(Form 9	90)			rity Status an nization is a section 501					2023		
				47(a)(1) nonexempt cha					2023		
Department o Internal Reve	of the Treasury			ttach to Form 990 or Fo					Open to Public Inspection		
	the organizatio		Go to www.irs.gov/	Form990 for instruction	ns and the	latest inf	ormation.	Employor	identification number		
	the organization		COAST MIG	RANT HEAD ST	מסידי סד		1		2-1020023		
Part I	Reason			(All organizations must c					2 1020025		
				For lines 1 through 12, c							
1		•	·	on of churches described	,	,)(A)(i).				
2				Attach Schedule E (Forn			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				
3				anization described in s		(b)(1)(A)(ii	i).				
4	A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
	city, and state	ə:									
5	An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operate	ed by a go	vernmental u	nit describe	əd in		
	section 170	b)(1)(A)(iv). (C	Complete Part II.)								
6			e e	nental unit described in							
7 X	•		-	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	public described in		
	-		omplete Part II.)								
	-			(1)(A)(vi). (Complete Par							
9	-	-	-	in section 170(b)(1)(A)(-		-	-		
		or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or		
10	university:	on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	s membersh	in fees and	d aross receipts from		
				t to certain exceptions;							
				(less section 511 tax) fro					-		
			mplete Part III.)			eee aequi		,aa			
11				ively to test for public sa	fetv. See	section 50)9(a)(4).				
12	•	-	-	ively for the benefit of, to	•			rry out the	purposes of one or		
	•	-	-	ed in section 509(a)(1) o				•			
			-	f supporting organization							
a	-	-	• •	supervised, or controlled				-	giving		
	the support	ed organizatio	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting		
	organizatio	n. You must c	complete Part IV, Se	ections A and B.							
b	Type II. A s	upporting org	anization supervised	l or controlled in connect	tion with its	s supporte	d organizatio	n(s), by hav	ing		
	control or n	nanagement o	f the supporting org	anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	orted		
	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.							
c	_ Type III fun	ctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	nd functional	ly integrate	d with,		
_	its supporte	ed organizatio	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.				
d 🗌		-	•	porting organization oper				Ũ			
		-		zation generally must sat	-			l an attentiv	reness		
_	- ·		,	nplete Part IV, Sections							
e		-		written determination fro			Type I, Type	II, Type III			
f Ent	-		•••	nally integrated supporti	ng organiz	ation.					
	er the number (vide the followi		about the supporte	nd organization(s)							
	(i) Name of suppo		(ii) EIN	(iii) Type of organization		anization listed	(v) Amount o	f monetary	(vi) Amount of other		
	organization			(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see ir	nstructions)	support (see instructions)		
					100						

Total

Schedule A (Form 990) 2023 EAST COAST MIGRANT HEAD START PROJECT 52-1020023 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Page 2

(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.)

Sec	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.")	49236317.	<u>50384746.</u>	60572876.	<u>77264807.</u>	83044096.	320502842			
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	40026217	F020474C	60570076	77064007	02044000	220502042			
	Total. Add lines 1 through 3	49236317.	50384/46.	605/28/6.	//26480/.	83044096.	320502842			
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)						320502842			
	Public support. Subtract line 5 from line 4.						520502642			
		(=) 2010	(b) 2020	(a) 2021	(4) 2022	(a) 2022	(f) Total			
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2019 49236317.	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
		<u>= 7230317.</u>	50504740.	00372070.	77204007.	03044030.	520502042			
0	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,		6,994.	1,201.			8,195.			
~	and income from similar sources		0,994.	1,201.			0,195.			
9	Net income from unrelated business									
	activities, whether or not the									
40	business is regularly carried on Other income. Do not include gain									
10	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						320511037			
	Gross receipts from related activities.					12	520522057			
	First 5 years. If the Form 990 is for the	, ,	,	fourth or fifth tax						
10	organization, check this box and sto				•					
Sec	ction C. Computation of Publ									
	Public support percentage for 2023 (column (f))		14	100.00 %			
	Public support percentage from 2022						100.00 %			
	33 1/3% support test - 2023. If the									
	stop here. The organization qualifies					, 	V			
b	33 1/3% support test - 2022. If the	organization did no	ot check a box on							
	and stop here. The organization qua									
17a										
	17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization									
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
b	10% -facts-and-circumstances test	-	-		-					
	more, and if the organization meets t	he facts-and-circun	nstances test, che	ck this box and s	top here. Explain i	n Part VI how the				
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	supported organi	zation				
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s			
						Schedule A	(Form 990) 2023			

332022 12-21-23

Schedule A (Form 990) 2023	EAST	COAST	MIGRANT	HEAD	START	PROJECT	52-1020023	Page 3
Part III Support Schedule fo	r Organ	izations I	Described in	Sectior	1 509(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.)

Sec	tion 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	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 disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support	-				•	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	6 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	he organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) orgar	ization,
Sec	tion C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2023 (line 8, column (f), d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2022 tion D. Computation of Invest					16	%
	Investment income percentage for 2			ine 13. column (f))		17	%
	Investment income percentage from		•			18	%
	33 1/3% support tests - 2023. If the					· · · · ·	
	more than 33 1/3%, check this box a						
h	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization						
	3 12-21-23	sie net onoon u		<u>, e, encont</u>			lule A (Form 990) 2023
20202			15	5		Conce	

- **1** - - -

Schedule A (Form 990) 2023

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

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.)

16

332024 12-21-23

10b Schedule A (Form 990) 2023

52-1020023 Page 5 EAST COAST MIGRANT HEAD START PROJECT Schedule A (Form 990) 2023 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	
				1
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			1
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
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		
Sec	tion 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 or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization	2	

Section C. Type II Supporting Organizations

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

Section D	. All Type III	Supporting	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 that the orga	anization used to satisfy t	the Integral Part Test during	the year (see instructions).
•	Onech the box heat to the method that the orge		the integral i are rescuuning	

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
------------	--	---	---	--

17

- 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

3b Schedule A (Form 990) 2023

2a

2b

3a

Yes No

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_	edule A (Form 990) 2023 EAST COAST MIGRANT HEA			52-1020023 Page 6
				Dert VII) See instructions
1	Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mu			Part VI). See Instructions.
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		
C	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-function	ally integrated	d Type III supporting orga	anization (see

instructions).

Schedule A (Form 990) 2023

332026 12-21-23

EAST COAST MIGRANT HEAD START PROJECT

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	anizations _{(contine}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro		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	ne organization is responsive)		
	(provide details in Part VI). See instructions.	5		8	
9	Distributable amount for 2023 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
		(ii)		(iii)	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistribution Pre-2023	ns	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				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	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				
Ū	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.				
	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

332027 12-21-23

Schedule A (Form 990) 2023

<u>Schedule A</u>	(Form 990) 2023			MIGRANT				52-1020023 Page 8
Part VI	Supplemental In	formation. es 1, 2, 3b, 3c, n D, lines 2 and	Provide the 4b, 4c, 5a, 3; Part IV, 3	explanations re 6, 9a, 9b, 9c, 11 Section E, lines	quired by I a, 11b, an 1c, 2a, 2b,	Part II, line 1 d 11c; Part I 3a, and 3b;	0; Part II, line 17a V, Section B, line Part V, line 1; Pa	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, rt V, Section B, line 1e; Part V,
332028 12-21-2	23							Schedule A (Form 990) 2023
				2	0			

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SCHEDULE D

(Form	990)
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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.



	ment of the Treasury I Revenue Service		ttach to Form 990. 0 for instructions and the latest informa	ation.		Open t Inspec	o Public tion
Nam	e of the organizati				Emplo	yer identificatio	on number
	Ū	EAST COAST MIGRANT	HEAD START PROJECT		•	52-1020	
Par	t I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds	or Acc	ounts	Complete if t	he
	organizatio	on answered "Yes" on Form 990, Part IV, lin	e 6.				
			(a) Donor advised funds	(b)	Funds	and other acco	unts
1	Total number at e	nd of year					
2		of contributions to (during year)					
3		of grants from (during year)					
4		at end of year					
5		on inform all donors and donor advisors in		ed funds			
	are the organization	on's property, subject to the organization's	exclusive legal control?			Yes	No No
6		on inform all grantees, donors, and donor a					
	for charitable purp	poses and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring	1		
	impermissible priv	vate benefit?				🗌 Yes	No
Par	t II Conserv	ration Easements. Complete if the org	ganization answered "Yes" on Form 990, I	Part IV, lir	ne 7.		
1		servation easements held by the organization					
	Preservation	n of land for public use (for example, recrea	tion or education) Preservation of	f a historio	ally im	portant land are	a
	Protection of	of natural habitat	Preservation of		-	-	
	Preservation	n of open space					
2	Complete lines 2a	through 2d if the organization held a qualit	fied conservation contribution in the form	of a cons	ervatior	n easement on t	he last
	day of the tax yea	r.			He	eld at the End of t	he Tax Year
а	Total number of c	onservation easements		[:	2a		
b	Total acreage rest				2b		
с	Number of conser	vation easements on a certified historic stru			2c		
d	Number of conser	vation easements included on line 2c acqu					
	on a historic struc	ture listed in the National Register			2d		
3		vation easements modified, transferred, rel			tion du	ring the tax	
	year						
4	Number of states	where property subject to conservation eas	sement is located				
5	Does the organiza	ation have a written policy regarding the per	iodic monitoring, inspection, handling of				
	violations, and ent	forcement of the conservation easements it	holds?			🗌 Yes	No No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation e	easeme	ents during the y	/ear
7	Amount of expense	ses incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conserva	tion easer	ments o	during the year	
8	Does each conser	vation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, descri	be how the organization reports conservation	on easements in its revenue and expense	statemen	t and		
	balance sheet, an	d include, if applicable, the text of the footr	note to the organization's financial stateme	ents that o	describ	es the	
_	organization's acc	counting for conservation easements.					
Par		ations Maintaining Collections of		ther Sin	nilar A	Assets.	
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	ind baland	e shee	et works	
	of art, historical tr	easures, or other similar assets held for put	olic exhibition, education, or research in fu	urtherance	e of pub	olic	
	•	Part XIII the text of the footnote to its finar					
b	-	elected, as permitted under FASB ASC 95					
		sures, or other similar assets held for public	exhibition, education, or research in furth	nerance of	f public	service,	
	•	ing amounts relating to these items.					
	(i) Revenue inclu	ided on Form 990, Part VIII, line 1			\$_		
	.,				_		
2	-	received or held works of art, historical tre		l gain, pro	vide		
	-	unts required to be reported under FASB A	-				
а		on Form 990, Part VIII, line 1					
b	Assets included in	n Form 990, Part X			\$		

LHA For Paperwork Reduction Act Notice, see the Instructions for Fo	orm 990.
332051 09-28-23	
	21

Schedule D (Form 990) 2023

_		AST MIGRAN							02002		_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	Similar	Asset	t s _{(contir}	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing tha	t make sig	gnificant u	se of its			
	collection items (check all that apply).										
а	Public exhibition	c	1 🗌 L	_oan or exc	hange progra	am					
b	Scholarly research	e	, 🗌 (Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how the	ey further th	e organizatio	on's exem	pt purpos	e in Par	t XIII.		
5	During the year, did the organization solicit or	r receive donations of	of art, his	torical treas	sures, or othe	er similar a	assets				
	to be sold to raise funds rather than to be ma	intained as part of t	he organi	ization's co	llection?			[Yes		No
Par	t IV Escrow and Custodial Arrang							Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.		-							
1a	Is the organization an agent, trustee, custodia	an, or other intermed	diary for c	contribution	s or other as	sets not i	ncluded				
	on Form 990, Part X?							[Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • • • • • • • • • • • • • • •				
	t V Endowment Funds Complete if).				
		(a) Current year	(b) Pr	rior year	(c) Two yea	rs back	(d) Three ye	ears back	(e) Four	' years	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
•	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1a	column (a)) held as:						
	Board designated or quasi-endowment		%	, oolanni (a)							
	Permanent endowment	%	_/*								
		/°									
Ū	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	-									
3a	Are there endowment funds not in the posses	•	ation that	are held ar	nd administe	red for the	2				
ou	organization by:			are noid ai					1	Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?										
h	If "Yes" on line 3a(ii), are the related organization										
4	Describe in Part XIII the intended uses of the								00		
	t VI Land, Buildings, and Equipm			1105.							
	Complete if the organization answered). Part IV.	line 11a. S	ee Form 990). Part X. I	ine 10.				
	Description of property	(a) Cost or c			or other		cumulate	4	(d) Boo	k valu	۵
	Description of property	basis (investr		• •	(other)		reciation	-	(u) B00	it valu	C
1a	Land		,		8,988.				46	8,9	88.
	Buildings				0,779.	13.8	31,57	6.	17,31		
	Leasehold improvements			,	- 1 - 1 - 2 •	,			_ , ,	, _	
	Equipment										
	Other										
	Add lines 1a through 1e. (Column (d) must ea		V lin - 10			1			17,78	8 1	91.
TULA	n Aud intes ta tritougit te. (Column (a) MUST el	<u>qual FOITH 990, Part</u>	<u>∧, iirie 10</u>	ic, column	لرم)				L 7 , 7 0	-	

Schedule D (Form 990) 2023

332052 09-28-23

Part VII Investments - Other Securities Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives	Schedule D	0 (Form 990) 2023	EAST	COAST	MIGRANT	HEAD	START	PROJECT	52-1020023 Page 3
(a) Bescription of Machine and Strategy (where decempt) (b) Book value (c) Method of valuation: Cost or end-of-year market value (b) Financial derivatives (c) Code yhald equip interests (c) Code yhald equip interests (c) Code yhald equip interests (d) Code yhald equip interests (c) Code yhald equip interests (c) Code yhald equip interests (c) Code yhald equip interests (d) Code yhald equip interests (c) Code yhald equip interests (c) Code yhald equip interests (c) Code yhald equip interests (d) Code yhald equip interests (c) Code yhald equip interests (c) Code yhald equip interests (c) Code yhald equip interests (d) Code yhald equip interests (c) Code yhald equip interests (c) Code yhald equip interests (c) Code yhald equip interests (d) Code yhald equip interests (c) Code yhald equip interests (c) Code yhald equip interests (c) Code yhald equip interests (d) Code yhald equip interests (c) Code yhald equip interests (c) Code yhald equip interests (c) Code yhald equip interests (d) Code yhald equip interests (c) Code yhald equip interests (c) Code yhald equip interests (c) Code yhald equip interests (d) Code yhald equip interests (c) Code yhald equip interests (c) Code yhald equip interests (c) Code yhald equip interests		Investments -							
11) Francial derivatives		Complete if the or	ganization and	wered "Yes'	on Form 990,	Part IV, line	11b. See	Form 990, Part X, I	ine 12.
(2) Closely held equity interests (A) (3) Other (A) (B) (A) (B) (A) (B) (A) (B) (A) (B) (A) (C) (A) (D) (A) (D) (A) (D) (A) (E) (A) (F) (A) (G) (A) (F) (A) (F) (A) (F) (A) (F) (A) (F) (A) (F) (A) (G) (A) (A) (A) (B) (B) (B) (A) (B) (A) <	(a) Descri	ption of security or cate	egory (including n	ame of security)	(b) Book	k value	(c) N	lethod of valuation	: Cost or end-of-year market value
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(B) (C) (G) (G) (E) (G) (F) (G) (G)	(3) Other								
ID ID ID <	(A)								
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IE Image: Constraint of the second of the seco	(C)								
(F) (G) (G) (H) (H) ((D)								
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(H) Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (e) Method of valuation: Cost or end-of-year market value (1) (b) Book value (e) Method of valuation: Cost or end-of-year market value (1) (f) (f) (2) (f) (f) (a) (f) (f) (b) Book value (f) (f) (g) (f) (f) <td>(F)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(F)								
Total. (cb. (b) must equal Form 980, Part X, line 12, col. (B)) Part YIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (c)	(G)								
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (a) (c) (c) Method of valuation: Cost or end-of-year market value (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	(H)								
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[2] [3] [3] [4] [4] [5] [6] [6] [7] [6] [9] [9] [9] [9] [9] [9] [9] [9] [9] [9] [9] [9] [1] [9] [2] [1] [3] [1] [4] [1] [6] [1] [6] [1] [6] [2] [3] [4] [4] [4] [6] [6] [7] [6] [6] [6] [7] [6] [6] [6] [7] [6] [9] [7] [9] [9] Complete if the organization answered "Yes" on Form 990, Part IV, line 116 or 11f. See Form 990, Part X, line 25. [1] [4] [6] [2] CURRENT PORTION OF OPERATING LEASE [6] [2] LIABELITITES 7, 690, 179.		(a) Description o	of investment		(b) Book	value	(c) N	lethod of valuation	: Cost or end-of-year market value
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Schedule D (Form 990) 2023

332053 09-28-23

	Adule D (Form 990) 2023 EAST COAST MIGRANT HEAD ST				1020023 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		n Revenue per Re	turn	
1	Tatel wave and a start and a start and and the second start and the seco			1	86,039,800.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			<u> </u>	
- a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities		2,615,059.	1	
c c	Recoveries of prior year grants		_,,		
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d	L		2e	2,615,059.
3	Subtract line 2e from line 1			3	83,424,741.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)			1	
c				4c	0.
	AUU III IES 4a aliu 40				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	83,424,741.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)				83,424,741. n
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	ents Wi			83,424,741. n
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	ents Wi	th Expenses per F		83,424,741. n 81,881,804.
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) TXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents Wi	th Expenses per F	Retur	n
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ents Wi	th Expenses per F	Retur	n
5 Par 1 2	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wi	th Expenses per F	Retur	n
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents Wi	th Expenses per F	Retur	n
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ents Wi	th Expenses per F	Retur	n 81,881,804.
5 Par 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per F	Retur	n 81,881,804. 2,615,059.
5 Par 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per F	letur	n 81,881,804.
5 Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	th Expenses per F	1 2e	n 81,881,804. 2,615,059.
5 Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	th Expenses per F	1 2e	n 81,881,804. 2,615,059.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	th Expenses per F	1 2e	n 81,881,804. 2,615,059.
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents Wi	th Expenses per F	1 2e	n 81,881,804. 2,615,059. 79,266,745. 0.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents Wi	th Expenses per F	1 2e 3	n 81,881,804. 2,615,059.

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

PART X, LINE 2:

ECMHSP HAS BEEN GRANTED AN EXEMPTION FROM INCOME TAXES UNDER INTERNAL

REVENUE CODE SECTION 501(C)(3) AS A NON-PROFIT CORPORATION. AS REQUIRED BY

INTERNAL REVENUE SERVICE REGULATIONS, ECMHSP ANNUALLY FILES FORM 990

"RETURN OF AGENCY EXEMPT FROM INCOME TAX" WITH THE INTERNAL REVENUE

SERVICE.

ECMHSP'S POLICY IS TO RECORD INTEREST AND PENALTIES RELATED TO TAXES IN

INTEREST EXPENSE ON THE FINANCIAL STATEMENT; HOWEVER, ECMHSP DID NOT HAVE

ANY INTEREST OR PENALTIES RELATED TO TAXES IN FISCAL YEAR 2023.

ECMHSP UTILIZES THE ACC	OUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINTY IN	
332054 09-28-23	Schedule D (Form 990) 2023	
09221022 794202 10-03130.00	24 00 2023.04030 EAST COAST MIGRANT HEAD S 10-031	31

52-1020023 Page 5 EAST COAST MIGRANT HEAD START PROJECT Schedule D (Form 990) 2023 Part XIII Supplemental Information (continued) INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. AS OF DECEMBER 31, 2023, ECMHSP HAS NO UNCERTAIN TAX PROVISIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE I (Form 990)		Go	irants and Oth vernments, an ete if the organization	d Individual	s in the Ŭni	ted States		омв №. 20	23
Department of the Treasury		·	Ū	Attach to Form				Open to	
Internal Revenue Service	Iternal Revenue Service Go to www.irs.gov/Form990 for the latest information.							Inspe	ction
Name of the organization			HEAD START					Employer identificatio	
Part I General Infor	rmation on Grants a		IIEAD START	TROOMET				52 10	20025
1 Does the organization	on maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	tance, and the selection	on	
criteria used to awa	ard the grants or assis	tance?				-		X Yes	🗌 No
		cedures for monit	oring the use of grant	funds in the United	States.				
			ations and Domestic be duplicated if addition			anization answered "Y	es" on Form 990, Part	t IV, line 21, for any	
1 (a) Name and addre or govern	ess of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of or assistance	
BENEDICTINE SISTERS 345 EAST NINTH STREI ERIE, PA 16503	-	25-1202787	501(C)(3)	0.	821,472.			TO PROVIDE SUBCON FOR PROVISION OF HEAD START SERVIC	MIGRANT
PATHSTONE CORPORATIO 400 EAST AVENUE ROCHESTER, NY 14607		13-4215024	501(C)(3)	0.	4,402,934.			TO PROVIDE SUBCON FOR PROVISION OF HEAD START SERVIC	MIGRANT

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

332102 11-01-23

Schedule I (Form 990) 2023 EAST COAST MIGRANT HEAD START PROJECT

Part III can be duplicated if additional space is needed.

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

 (a) Type of grant or assistance
 (b) Number of recipients
 (c) Amount of cash grant
 (d) Amount of cash assistance
 (e) Method of valuation (book, FMV, appraisal, other)
 (f) Description of noncash assistance

 Image: Comparison of the cash grant
 Image: Comparison o

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:

Part III

EAST COAST MIGRANT HEAD START PROJECT 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.

Page **2**

52-1020023

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	ດງ)
		Compensated Employees		20	ZJ	
Dono	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	ne of the organization	1		identificatio		nber
		EAST COAST MIGRANT HEAD START PROJECT	52-2	102002	3	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
		ation and gross-up payments	s			
	Discretionary s	spending account Personal services (such as maid, chauffer	ır, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
		rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
-						
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		ompensation consultant				
	Form 990 of o	ther organizations X Approval by the board or compensation of	ommittee			
4	During the year dia	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	-	e payment or change-of-control payment?		4a		x
b		eive payment from a supplemental nonqualified retirement plan?				x
c	-	eive payment from an equity-based compensation arrangement?				x
Ŭ	-	les 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	·····,					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r					
а	-			5a		X
b	Any related organiz	ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n			
	contingent on the n	et earnings of:				
а	The organization?			6a		X
		ation?				X
	If "Yes" on line 6a c	or 6b, describe in Part III.				
7	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)	2023

LHA 332111 11-06-23

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

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

52-1020023

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARIA GARZA	(i)	188,911.	0.	0.	21,069.	7,718.	217,698.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.		0.
(2) JOHN MENDITTO	(i)	169,446.	0.	0.	21,069.	20,263.	210,778.	0.
CHIEF LEGAL OFFICER	(ii)	0.	0.	0.	0.	0.		0.
(3) CHRISTINE L ALVARADO	(i)	151,345.	0.	0.	15,633.	15,156.	182,134.	0.
CHIEF INNOVATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JAVIER GONZALEZ	(i)	138,076.	0.	0.	17,529.	20,169.	175,774.	0.
CHIEF OPERATIONS OFFICER	(ii)	0.	0.	0.	0.	0.		0.
(5) PATRICIA MARTINEZ	(i)	153,443.	0.	0.	13,341.	71.	166,855.	0.
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ANGEL J CASIANO	(i)	125,443.	0.	0.	14,726.	20,246.	160,415.	0.
DIRECTOR OF PROGRAM OPERAT	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) STEVEN C. MAYNE, CPA, MBA	(i)	133,140.	0.	0.	13,097.	10,155.	156,392.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Part III Supplemental Information

Schedule J (Form 990) 2023 EAST COAST MIGRANT HEAD START PROJECT

52-1020023

Page 3

Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

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 2023 Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Employer identification number 52 - 1020023

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

SEASONAL FARM WORKERS FOR SUCCESS. WE DO THIS BY PROVIDING HOLISTIC,

EAST COAST MIGRANT HEAD START PROJECT

HIGH-QUALITY EARLY CHILDHOOD EDUCATION SERVICES FOR CHILDREN AND

FAMILIES IN A NURTURING, CULTURALLY-SENSITIVE ENVIRONMENT AND BY

PROVIDING SERVICES AND ADVOCATING FOR CHILDREN AND FAMILIES IN THEIR

OTHER AREAS OF NEED.

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

ENVIRONMENT AND BY PROVIDING SERVICES AND ADVOCATING FOR CHILDREN AND

FAMILIES IN THEIR OTHER AREAS OF NEED.

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

THE FORM 990 IS REVIEWED BY THE CHIEF FINANCIAL OFFICER FOR CONSISTENCY WITH THE AUDITED FINANCIAL STATEMENTS. THE CHIEF EXECUTIVE OFFICER, THE CHIEF LEGAL OFFICER AND DIRECTOR OF RISK MANAGEMENT ALSO REVIEW THE 990. A DRAFT OF THE FORM 990 IS ALSO PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND FEEDBACK BEFORE FILING.

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

ECMHSP REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS

CONFLICT OF INTEREST POLICY THROUGH REVIEW OF TRANSACTIONS THAT COULD

PRESENT A POTENTIAL CONFLICT OF INTEREST.

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

COMPENSATION OF THE CEO IS DETERMINED USING A COMPENSATION STUDY PROVIDED

 BY AN INDEPENDENT COMPENSATION CONSULTANT. THE BOARD OF DIRECTORS APPROVES

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

 LHA
 332211 11-14-23

31

Name of the organization EAST COAST MIGRANT HEAD START PROJECT	Employer identification number 52-1020023
THE CEO COMPENSATION. THE CEO'S SALARY IS ALSO REGULATED	BY THE FEDERAL
GOVERNMENT. THE ORGANIZATION HAS A WRITTEN EMPLOYMENT CON	TRACT WITH THE
CEO.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. A	LL DOCUMENTS ARE
PROVIDED TO FUNDING SOURCES AS REQUESTED ON AN ANNUAL BAS	
ON THE HEAD START ENTERPRISE SYSTEM WEBSITE.	
ON THE HEAD START ENTERPRISE SISTEM WEBSITE.	
332212 11-14-23	Schedule O (Form 990) 2023

Page 2

Schedule O (Form 990) 2023

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

23 Open to Public Inspection

Name of the organization

EAST COAST MIGRANT HEAD START PROJECT

Employer identification number 52-1020023

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

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 Part II 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	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
THE FOUNDATION FOR FARMWORKERS - 83-3231197	TO CARRY OUT THE						
2301 SUGAR BUSH ROAD SUITE 400	CHARITABLE PURPOSES OF						
RALEIGH, NC 27612	ECMHSP	VIRGINIA	501(C)(3)	LINE 12A, I	ECMHSP		х
TEXAS OPPORTUNITY PROGRAMS - 88-1274538	TO CARRY OUT THE						
201 SHASTA AVENUE	CHARITABLE PURPOSES OF						
MCALLEN, TX 78504	ECMHSP	TEXAS	501(C)(3)	LINE 12A, I	ECMHSP		Х

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 EAST COAST MIGRANT HEAD START PROJECT

52-1020023 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.

		-								-		
(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?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?		^{pr} Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
	-											
	-											
	1											
	-											
	-											
	1											
	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	(i) Section 512(b)(13) controlled entity?	
		country)		01 11 434		235013	Yes No		No

Schedule R (Form 990) 2023 EAST COAST MIGRANT HEAD START PROJECT

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		X
	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
S	Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
<u>(3)</u>			
<u>(4)</u>			
(5)			
(6)			

Schedule R (Form 990) 2023 EAST COAST MIGRANT HEAD START PROJECT

52-1020023 Page 4

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.? Yes No	(g) Share of end-of-year assets	(h) Dispro tiona allocation Yes	Code V-UBI amount in box 2 ons? of Schedule K-	(j) General of managin partner? Yes No	(k) Percentage ownership
						163			

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023	
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Part VII Supplemental Information

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

Schedule R (Form 990) 2023

332165 09-28-23