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Department of the Treasury

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements OMB No 1545-0047

Open to Public Inspection

For the 2012 calendar year, or tax year beginning and ending C Name of organization D Employer Identification number Check if applicable La Cooperativa Campesina de California Doing Business As Address change 68-0329821 Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Name change Initial return 420 (916) 388-2220 1107 9th Street City, town or post office, state, and ZIP code Terminated Sacramento CA 95814 G Gross receipts \$ 4,363,276 Amended return F Name and address of principal officer Yes X No Application pending H(a) Is this a group return for affiliates? Marco Cesar Lizarraga 1107 9th Street Suite 420, Sacramento, CA 958 H(b) Are all affiliates included? Tax-exempt status 501(c)(3) X 501(c) () **(**Insert no) 4947(a)(1) or If "No." attach a list (see instructions) J Website: www lacooperativa org H(c) Group exemption number ▶ X Corporation K Form of organization Trust L Year of formation Association M State of legal domicile 1994 CA Part I Summary Briefly describe the organization's mission or most significant activities Supportive services that promote the well-being of migrant seasonal farmworkers, their families and communities Activities & Governance Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) 499 227,070 9 3,988,854 Program service revenue (Part VIII, line 2g) 4,135,855 10 Investment income (Part-VIII, column (A), lines 3, 4, and 7d) 351 11 Other revenue (Part VIII) column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue add lines 8 through 17 must equal Part VIII, column (A), line 12) 12 4,363,276 3,989,353 13 Grants and similar amounts paid (Part X, column (A), lines 1-3) ٥ Benefits paid to ohifo members (Partix, column (A), line 4) 14 0 Salaries, other compensation, employed benefits (Part IX, column (A), lines 5-10) 15 468,205 455.607 Professional-fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX,-column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,519,777 3,881,637 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 3,987,982 4,337,244 19 Revenue less expenses Subtract line 18 from line 12 1,371 Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) 729,201 1,006,603 21 Total liabilities (Part X, line 26) 484,575 735,945 Net assets or fund balances Subtract line 21 from line 20 244,626 270,658 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Onnature of officer Date Here Marco Cesar Lizarraga, Executive Director Type or print name and title Print/Type preparer's name Preparer's signature Check Paid James Gladfelter 11/14/2013 self-employed James Gladfelter P01326043 Preparer Firm's name Alta Mesa Group, LLC Firm's EIN ▶ 26-1836473 **Use Only** Firm's address ► 324 Alta Mesa Circle, Napa, CA 94558 Phone no 707 253-9079 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

€ JAN

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

Form 9	90 (2012)	La Cooperativa Campesina de California	_68-0329821	Page 2
Pa		Statement of Program Service Accomplishments		
		Check if Schedule O contains a response to any question in this Part III		· 📙
1	Briefly desc	cribe the organization's mission		· · ·
	The implem	nentation of a wide variety of programs including job training, family health,		
	education a	and other supportive services that promote the well-being of migrant and seasonal		
		rs, their families and communities		
	== .			
2		anization undertake any significant program services during the year which were not listed on		
	•	orm 990 or 990-EZ?	Yes	X No
		scribe these new services on Schedule O		
3		anization cease conducting, or make significant changes in how it conducts, any program		
	services?		Yes	X No
		scribe these changes on Schedule O		
4		ne organization's program service accomplishments for each of its three largest program services		
		Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all	ocations to others	,
	the total ex	penses, and revenue, if any, for each program service reported		
4-	(Carta D	1000 700		
4a	(Code	1000 99 (Expenses \$ 4,202,708 including grants of \$) (Revenue)	ie \$ 4,204	1,/54)
	Employmen	nt and Training - To provide employment and training, information and referral services,		
	educationa	services for farmworkers Funded by the CA Employment Development Department		
		•		
				••••
4b	(Code 9	00099) (Expenses \$ 115,636 including grants of \$) (Revenue	ie \$11	5 363)
	Information	Cupytoma. Deaduge, multiple and distribute formularly make hullating state and a		
		d English Operate statewide telephone hotline for farmworkers seeking information and		· · · · · · · · · · · · · · · · · · ·
	referrals for	r employment, housing and immigration services		
				-
4c	(Code) (Expenses \$ including grants of \$) (Revenue	ie \$)
.				
4d	Other progr	ram services (Describe in Schedule O) \$ 0 including grants of \$ 0) (Revenue \$	0)	

art IV		Schedules

		_ i	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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	一	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 during the tax year? If "Yes," complete Schedule C, Part II	4	-	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
_	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ı	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		Ť	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	↓	X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"		\neg	
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		Х
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	446		v
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		Х
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		\dashv	^
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	47		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		Х
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_

гаі	Checklist of Regulied Schedules (Continued)			
0.4	D. 4.11.		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	21		
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		
	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	1		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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 Schedule L,	21		^
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
31	conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		X
J1	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	<u> </u>		
	If "Yes," complete Schedule N, Part II .	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	256		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35b		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	Ĺ
		Earm	990	(2012)

Form 9	90 (2012) La Cooperativa Campesina de California	68-0329821	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	<u> </u>		
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	5		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	Х	İ
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	o		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			 -
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	"		
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		x
ь	If "Vas " enter the name of the foreign country.	1	_	Ĥ
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	. 5b	\vdash	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	 ^
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	"	_	
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	l	x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	l va		 ^
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00	 	-
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1
a	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	\vdash	 ^
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	75	\vdash	
·	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		 ^
e	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?	7 6	-	x
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required			x
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098		\vdash	 ^
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	,-0;. / 	-	\vdash
Ū	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		† -
9	Sponsoring organizations maintaining donor advised funds.	•	_	\vdash
а	Did the organization make any taxable distributions under section 4966?	9a	1	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	-	
10	Section 501(c)(7) organizations. Enter	"		
а	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		l	
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			ľ
	against amounts due or received from them)			Ì
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	124	<u> </u>	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	t
•	Note. See the instructions for additional information the organization must report on Schedule O.	1.54	t -	t
ь	Enter the amount of reserves the organization is required to maintain by the states in which		l	
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	$\overline{}$		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	. 14a		x
h	If "Ves" has it filed a Form 720 to report these powerests if "Nes" amude an exploration in Schodule O	441	 	 ^`

La Cooperativa Campesina de California

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

Sect	ion A. Governing Body and Management					
				Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 9				
	If there are material differences in voting rights among members of the governing body, or				ĺ	
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	ship with			}	
	any other officer, director, trustee, or key employee?		2		X	
3	Did the organization delegate control over management duties customarily performed by or under	the direct				
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		X	
6						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint				
	one or more members of the governing body?	• •	7a		Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members				,	
	stockholders, or persons other than the governing body?	•	7b		Х	
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during				
	the year by the following	•				
а	The governing body?		8a	X		
b	Each committee with authority to act on behalf of the governing body?		8b	Χ		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r	eached				
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	Х		
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue C	ode)		
				Yes	No	
10a	• • • • • • • • • • • • • • • • • • • •		10a		<u> </u>	
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters,			l	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b		<u> </u>	
11a		ore filing the form?.	11a	Х	Ь,	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			<u>-</u>		
12a			12a	Х	<u> </u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	-	12b		Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"				
	describe in Schedule O how this was done		12c	X	<u> </u>	
13	Did the organization have a written whistleblower policy?	•	13	X		
14	Did the organization have a written document retention and destruction policy?		14	X		
15	Did the process for determining compensation of the following persons include a review and appro					
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?	45-			
a	The organization's CEO, Executive Director, or top management official		15a	X	 - -	
Ь	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		15b	X		
40-	·					
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement at taxable entity during the year?	jemeni	16a		X	
b		ioto ito	104		 ^	
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu- participation in joint venture arrangements under applicable federal tax law, and take steps to safe					
	the organization's exempt status with respect to such arrangements?	guaru	16b			
Sect	ion C. Disclosure		1.55		<u> </u>	
<u> </u>	List the states with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	0-T (Section 501(c)(3)	s only	 /)		
. •	available for public inspection. Indicate how you made these available. Check all that apply	- : (:::::::::::::::::::::::::::::::	. .	,		
		(plain in Schedule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents,	•				
	policy, and financial statements available to the public during the tax year					
20	State the name, physical address, and telephone number of the person who possesses the books	and records of the				
	organization. ► Marco César Lizárraga		20			
	1107 9th Street Suite 420, Sacramento, CA 95814					

orm 990 (2012)	La Cooperativa Campesina de Cal	fornia								68-03298	21 Page 7
Part VII	Compensation of Officers, Dire	ctors, Trustee	es, K	ey	Em	ıplo	yee	s, F	lighest Comp	ensated	
	Employees, and Independent C			4!	:		.:- D		. // 1		
	Check if Schedule O contains a re									• • • •	· · · <u> </u>
Section A.	Officers, Directors, Trustees, Key E									41	
•	his table for all persons required to be i	isted Report co	mpen	ısatı	on t	or ti	ne ca	lenc	lar year ending v	vith or within the	
organization's	tax year of the organization's current officers, di	ractore truetone	(who	tha	r inc	had	iuale (or 0	raanizatione) ro	nardless of amou	unt
of compensati List all (List the who received organization a	on Enter -0- in columns (D), (E), and (I of the organization's current key emplo organization's five current highest conreportable compensation (Box 5 of Forind any related organizations of the organization's former officers, ke	F) if no compens yees, if any See npensated emplo n W-2 and/or Bo	e insti oyees ox 7 o	wa: ructi s (otl of Fo	s pa ons her orm	id for thar 109	defin an o 9-MIS	ition office SC)	of "key employe er, director, trusto of more than \$10	ee " ee, or key emplo 00,000 from the	yee)
	eportable compensation from the organi	-			-						
	of the organization's former directors of										the
	more than \$10,000 of reportable compe										
•	n the following order individual trustees employees, and former such persons	or directors, ins	titutio	nai	trus	tees	s, oπι	cers	s, key employees	s, nignest	
¬	s box if neither the organization nor any	related organiz	ation	con	nne	neal	ed ar	יע כ	urrent officer du	ector or trustee	
Oneck till	3 box in Heither the Organization flor and	related organiz	I	-	(C		ec ai	ıy C	arrent onicer, air	ector, or trustee	
						rtion					
	(A) Name and Title	(B) Average	(do not check more than one						(D) Reportable	(E) Reportable	(F) Estimated
	Hand and The	hours per	office	fficer and a director/trustee) compensation					compensation	compensation from related	amount of
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Saeed	Alı	3 00	-	-		\vdash	<u> </u>	-			
Orector		3 00									
(2) Ernie F	lores	3 00	—								-
Director		3 00	Х		L			L			
(3) Maricel	a Gallegos	3 00	ı					İ			
Director		3 00	•	-	<u> </u>	_	_	L			
(4) Jim Hai	bottle	3 00 3 00									
/5) Verna I	.ewis	3 00	†			\vdash	<u> </u>	┢			
Director		3 00		l							
(6) Michae	l McCann	3 00								-	
Director		3 00									
(7) George	Ortız	3 00								-	
Director		3 00		L.		L	L	<u> </u>			
	aige	3 00									
Director		3 00		⊢	\vdash	-	_	-			
	ında Sapıen	3 00 3 00			l						
Director	César Lızárraga	40 00	_	┢	├	 	 	├─	-	-	
Executive Dire		40.00		İ		x			110,485		
(4.4.)	3000	10.00		T	\vdash	Ϊ			1.0,400		
					L	L		L			
(12)											
(13)			 	 	\vdash	\vdash	\vdash	\vdash			
				L	L			L			
			_								

Pa	art VII	Section A. Officers, Directors, Tru	ıstees, Key Em	ploye	es,	and	iH t	ghes	t Co	ompensated Em	ployees (c	ontinı	ıed)		
(A) Name and title			(C) Position (B) (do not check more than of Average box, unless person is both								portable Estima		(F) tımated	d d	
			hours per week (list any hours for related organizations below dotted line)		er an		rect	Highest compensated employee	ee)	compensation from the organization (W-2/1099-MISC)	compensat from relate organizatio (W-2/1099-M	ed ons	com fro orga	nount o other pensat om the anization i relate inization	ion on ed
(15)															
(16)															
(17)													-		
(18)															
(19)															
(20)															
(21)													<u>-</u> .		_
(22)													-		
(23)															
(24)															
(25)															
1b	Sub-tota	ıl		<u> </u>	_				•	110,485		0			0
C		m continuation sheets to Part VII, S	ection A	ction A					•	0		0			0
_d		Id lines 1b and 1c)							<u> </u>	110,485		0			0
2		mber of individuals (including but not li le compensation from the organization		stea a	abo\	/e) v 1	vno	rece	ivec	i more than \$100	J,UUU OT				
	· op or to o					•					-			Yes	No
3		organization list any former officer, dire			-	loye	e, c	or hig	hes	t compensated		ļ			
	employe	e on line 1a? <i>If</i> "Yes," complete Sched	lule J for such in	dıvıdı	ual								3		X
4		individual listed on line 1a, is the sum	•							-	L		- 1		
	ine orgai	nization and related organizations grea	ater than \$150,0	00 / 1	, ,	₹S,	CON	прівіє	3 30	medule J for suc	"	ŀ	4		X
5	Did any j	person listed on line 1a receive or acc									/idual				
Sec		ces rendered to the organization? If "Y dependent Contractors	es, сотрівте S	спва	JI O J	TOP	Suc	сп рө	rsor	1			5		X
1	Complete	e this table for your five highest compesation from the organization Report co											ax		
	, .	(A) Name and business add	Iress							(B) Description of ser	vices	С.	(C) compen		
None			••							, 					0
			_												0
			 			_			_						0
									\vdash	-	+				<u>0</u> 0
2	Total nu	mber of independent contractors (inclu	iding but not limi	ted to	the	se	liste	d abo	ove)	who received					

Dart VIII	Statem	ant of	Pavanua	

Check if Schedule O contains a response to any question in this Part VIII								
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns	12	0		TEVENUE		312, 313, 37 314
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	11					
ဗီ ဋ	c	Fundraising events	10					
£ ₹	d	Related organizations	10		:			
ا ا	e	Government grants (contribution		-				
<u> </u>		All other contributions, gifts, gran		101,000				
t e	•	similar amounts not included abo		42,535				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in I	<u> </u>					
ပိုန်	h	Total. Add lines 1a–1f		•	227,070			
-				Business Code				
e n	2a	Employment and Training		900099	4,020,219	4,020,219		
Rev	b	1.6		900099	115,636	115,636		
9	С				0	,		
5	d				0			
E	е				0			
Program Service Revenue	f	All other program service revenu			0	_		
5	g	Total. Add lines 2a-2f		•	4,135,855			
	3	Investment income (including div	vidends, interes	t, and				
		other similar amounts)		•	351	351		
	4	Income from investment of tax-e	xempt bond pro	ceeds	. 0		<u> </u>	
	5	Royalties	,	<u> </u>	0			
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)		0 0		=		
	d	Net rental income or (loss)			0			<u> </u>
	7a	Gross amount from sales of	(i) Securities	(II) Other				1
		assets other than inventory		0 0				
	b	Less cost or other basis						
		and sales expenses		0 0		İ		
	C	Gain or (loss)		0 0				ļ
	d	Net gain or (loss)		<u> </u>	0			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18	•	0				
þe	h	Less direct expenses	a b					
ŏ		Net income or (loss) from fundra		<u>_</u>	0		_	
		Gross income from gaming activ	-		Ĭ			
	""	See Part IV, line 19	а	ه ا				
	ь	Less direct expenses	- b	· · · · · · · · · · · · · · · · · · ·				1
		Net income or (loss) from gamin	a activities	▶	0			
		Gross sales of inventory, less	<u> </u>					
		returns and allowances	а	ه ا				
	ь	Less cost of goods sold .	b		1			
		Net income or (loss) from sales	of inventory	•	0			
		Miscellaneous Revenue		Business Code				
	11a				0			
	ь				0			
	C				0			
	d	All other revenue	,		0			
	е	Total. Add lines 11a-11d		>	0			
	12	Total revenue. See instructions			4,363,276	4,136,206		0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a response to any question in this Part IX							
	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 governments and							
	organizations in the United States See Part IV, line 21	o						
2	Grants and other assistance to individuals in the							
	United States See Part IV, line 22	0						
3	Grants and other assistance to governments,							
	organizations, and individuals outside the							
	United States See Part IV, lines 15 and 16	0						
4	Benefits paid to or for members	0						
5	Compensation of current officers, directors,			ļ				
	trustees, and key employees	110,485	110,089	396				
6	Compensation not included above, to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	0						
7	Other salaries and wages	229,250	228,162	1,088				
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)	15,015	14,953	62				
9	Other employee benefits	72,058	71,591	467				
10	Payroll taxes	28,799	28,632	167				
11	Fees for services (non-employees)							
а	Management	0						
b	Legal	0						
С	Accounting	41,533	41,533					
d	Lobbying	0						
е	Professional fundraising services. See Part IV, line 17	0						
f	Investment management fees	0						
g	Other (If line 11g amount exceeds 10% of line 25, column							
	(A) amount, list line 11g expenses on Schedule O)	0						
12	Advertising and promotion	0	45.000		.			
13	Office expenses	16,433	15,607	826	•			
14	Information technology	38,585	38,583	2	··· · · · · · · · · · · · · · · · · ·			
15	Royalties	0	40.076	400				
16	Occupancy	43,468	42,976	492				
17	Travel .	12,865	12,844	21				
18	Payments of travel or entertainment expenses							
40	for any federal, state, or local public officials	25.057	25,774	0.202				
19 20	Conferences, conventions, and meetings	35,057 2,552	2,076	9,283 476				
21	Interest Payments to affiliates	2,352	2,070	470				
22	Depreciation, depletion, and amortization	3,454	o o	3,454	0			
23	Insurance	5,459	5,439	20				
24	Other expenses Itemize expenses not covered	3,433	3,433					
	above (List miscellaneous expenses in line 24e If							
	line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule O)							
а	Cubaantaatan	3,455,124	3,455,124		*			
b	Other Professional Expenses	204,522	203,038	1,484				
c	Communications	17,851	17,807	44				
d	Training	3,460	3,394	66				
e	All other expenses	1,274	722	552				
25	Total functional expenses. Add lines 1 through 24e .	4,337,244	4,318,344	18,900	0			
26	Joint costs. Complete this line only if the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,0.0,011	,				
-	organization reported in column (B) joint costs							
	from a combined educational campaign and							
	fundraising solicitation Check here ▶ if			ļ				
	following SOP 98-2 (ASC 958-720)							

T 01117 000 (2012)	La Cooperativ	a Campesina de Camon
Part X	Balance Sheet	

		Check if Schedule O contains a response to	any qu	estion in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing .			263,249	1	220,532
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			449,559	4	775,177
	5	Loans and other receivables from current and fo	mer c	officers, directors.			
	•	trustees, key employees, and highest compensation					
		Complete Part II of Schedule L	•		 	5	
	6	Loans and other receivables from other disqualified personal 4958(f)(1)), persons described in section 4958(c)(3)(B), a	ributing employers and				
		sponsoring organizations of section 501(c)(9) voluntary e		· · · · · · · · · · · · · · · · · · ·			
ets		organizations (see instructions). Complete Part II of Sche	dule L.			6	
Assets	7	Notes and loans receivable, net			0	7	0
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			10,715	9	8,670
	10a	Land, buildings, and equipment cost or	1				
		other basis Complete Part VI of Schedule D	10a	52,213			
	b	Less accumulated depreciation	10b	49,989	5,678	10c	2,224
	11	Investments—publicly traded securities			0	11	0
	12	Investments—other securities See Part IV. line	11		0	12	0
	13	Investments—program-related See Part IV, line			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			0	15	0
	16	Total assets. Add lines 1 through 15 (must equi	al line	34)	729,201	16	1,006,603
	17	Accounts payable and accrued expenses	<u> </u>	<u> </u>	478,255	17	731,336
	18	Grants payable	470,200	18	731,550		
	19	···				19	
	20	Deferred revenue				20	
	21	Tax-exempt bond liabilities	204 IV	of Cohodulo D		21	
rn.		Escrow or custodial account liability Complete I				21	
Liabilities	22	Loans and other payables to current and former					
Ξ		trustees, key employees, highest compensated					
<u>ia</u>		disqualified persons Complete Part II of Schedu			0.000	22	4 000
_	23	Secured mortgages and notes payable to unrela			6,320	23	4,609
	24	Unsecured notes and loans payable to unrelate		·	0	24	0
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	3 17-24) Complete	•		
		Part X of Schedule D			0		705.045
	26	Total liabilities. Add lines 17 through 25			484,575	26	735,945
co.		Organizations that follow SFAS 117 (ASC 958		ck here ▶ X and			
Š		complete lines 27 through 29, and lines 33 ar	1d 34.				
<u>a</u>	27	Unrestricted net assets			244,626	27	270,658
Ba	28	Temporarily restricted net assets				28	
2	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958),	check	here 🕨 🔲 and			
ts c	20	complete lines 30 through 34.				20	
Se	30	Capital stock or trust principal, or current funds			<u> </u>	30	
¥	31	Paid-in or capital surplus, or land, building, or en				31	
Žet	32	Retained earnings, endowment, accumulated in	come,	or other tunds .	044.000	32	070.000
_	33	Total lighting and not assets ".	•		244,626	33	270,658
	34	Total liabilities and net assets/fund balances			729,201	34	1,006,603

rom 9	190 (2012) La Cooperativa Campesina de California	6	8-0329821	Pag	je 7 Z	
Part	XI Reconciliation of Net Assets	_				
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,363	3,276	
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,337	,244	
3	Revenue less expenses Subtract line 2 from line 1					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		244	,626	
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 in Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10		270	,658	
Part	•					
	Check if Schedule O contains a response to any question in this Part XII				X	
				Yes	No	
1	Accounting method used to prepare the Form 990 CashX Accrual Other				l	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O		ļ			
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	Х		
	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				li	
	X 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	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O			i		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?		3a	Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> x</u>	
			Form	990	(2012)	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ne organization

Employer Identification number

La C	La Cooperativa Campesina de California 68-0329821												
Pa	rt I	Reason	for Public Ch	arity Status (All_org	anizatıoı	ns must o	complete	this par	t.) See in	struction	าร		
The	he organization is not a private foundation because it is (For lines 1 through 11, check only one box)												
1	Ш	A church, cor	nvention of churc	ches, or association of	churches	described	ın sectio	n 170(b)(1)(A)(i).				
2		A school des	cribed in section	170(b)(1)(A)(ii). (Atta	ch Sched	ule E)							
3		A hospital or	a cooperative ho	ospital service organiza	ation desc	ribed in s e	ection 170)(b)(1)(A)	(iii).				
4			search organizat me, city, and stat	ion operated in conjund te	ction with	a hospital	describe	d in sectio	on 170(b)(1)(A)(iii).	Enter t	he	
5		An organizati	on operated for	the benefit of a college Complete Part II)	or univer	sity owned	d or opera	ted by a g	jovernme	ntal unit d	escribe	d	
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X	-	=	receives a substantial	-	support f	rom a gov	ernmenta	l unit or fr	om the ge	eneral p	ublic	
8		A community	trust described	ın section 170(b)(1)(A)(vi). (Cor	nplete Par	rt II)						
9	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)												
10		An organizati	ion organized an	d operated exclusively	to test fo	r public sa	fety See	section 5	09(a)(4).				
11 e	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)												
f g		organization,	check this box	written determination the organization accept						I supporti	ng		
9		following per		o.ga <u>_</u>	.ou u, g			,					
		.		or indirectly controls, e	ther alone	or togeth	er with pe	ersons des	scribed in	(II)		Yes	No
				erning body of the sup	-	janization'	?				11g(i)		
			•	person described in (i)							11g(il)	<u> </u>	
_			-	of a person described	• • • • •	-					11g(iil)		
<u>h</u> (i) Name	of supported anization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(Iv) is the c in col (i) is governing	organization sted in your document?	anization (v) Did you notify (vi) Is the (vii) Amount of monetary et in your the organization in organization in col						
					Yes	No	Yes	No	Yes	No	 		
(A)													
(B)													
(C)													_
(D)													
(E)													

Total

68-0329821 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants")	6,131,001	12,022,440	4,103,947	3,988,949	4,362,925	30,609,262
2	Tax revenues levied for the organization's		,	, ,	, ,		· ·
	benefit and either paid to or expended on						
	its behalf						0
3	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	6,131,001	12,022,440	4,103,947	3,988,949	4,362,925	30,609,262
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%	i					
	of the amount shown on line 11,						
	column (f)	1					
6	Public support. Subtract line 5 from line 4						30,609,262
	ion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	6,131,001	12,022,440	4,103,947	3,988,949	4,362,925	30,609,262
8	Gross income from interest, dividends,	0,101,001	12,022,440	4,100,047	0,000,040	4,502,525	00,000,202
•	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						0
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on						0
10	Other income Do not include gain or		- -				
	loss from the sale of capital assets						
	(Explain in Part IV)	o	0		404	351	755
11	Total support. Add lines 7 through 10						30,610,017
12	Gross receipts from related activities, etc. (se	e instructions)	•			12	
13	First five years. If the Form 990 is for the or	-	, second, third,	fourth, or fifth t	ax year as a se	ection 501(c)(3)	-
	organization, check this box and stop here				•		▶□
Sect	ion C. Computation of Public Support	Percentage					
14	Public support percentage for 2012 (line 6, co		d by line 11, co	lumn (f))		14	100 00%
15	Public support percentage from 2011 Schedu	• • •	•	(///	Ť	15	0 00%
16a				ne 13, and line	14 is 33 1/3%	or more, check	
	a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ X						
b	33 1/3% support test-2011. If the organiza				line 15 is 33 1	/3% or more, ch	
	box and stop here. The organization qualifie					-	▶□
17a	10%-facts-and-circumstances test-2012.	If the organizati	on did not ched	ck a box on line	13 16a or 16l	and line 14	_
	is 10% or more, and if the organization meets	•					ın
	Part IV how the organization meets the "facts				-	•	
	organization .	and oncomota	11000 1001 1110	organization q	aamico ao a pa	biloly supported	▶□
ь	10%-facts-and-circumstances test—2011.	if the organizati	on did not ched	rk a hov on line	13 16a 16b d	or 17a and line	
•	15 is 10% or more, and if the organization me	_					ain in
	Part IV how the organization meets the "facts						uni III
	supported organization	. Grid Gircumsta	100	o.gameadon q	aames as a pu	JJ.y	▶□
40	• • • • • • • • • • • • • • • • • • • •	at abasis s Ess		16h 47 1	76. abaala**:-!		-
18	Private foundation. If the organization did n	ot cneck a box (on line 13, 16a,	100, 1/a, or 1	D, CNECK This b	ox and see	. \Box
	instructions .	•					▶∟

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

(Complete only if you checked the box on line 9 of Part I 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished					1	
	in any activity that is related to the					ļ	
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						0
_	its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3		, , , , , , , , , , , , , , , , , , ,				
, a	received from disqualified persons						0
b	Amounts included on lines 2 and 3 received						
-	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6)						0
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	l 0	o	o	0	l ol	0
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		<u>.</u>				0
C	Add lines 10a and 10b	0	0	0	_0	0	<u> </u>
11	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carned on						0
12	Other income Do not include gain or						
	loss from the sale of capital assets						0
13	(Explain in Part IV) Total support. (Add lines 9, 10c, 11,	1					
	and 12) .	l 0	0	o	o	l ol	0
14	First five years. If the Form 990 is for the organiz						
	organization, check this box and stop here			•	`	~ /	▶ 🔲
Sec	tion C. Computation of Public Support	Percentage	<u>.</u>				
15	Public support percentage for 2012 (line 8, column		e 13, column (f))			15	0 00%
16	Public support percentage from 2011 Schedule A,		(7)			16	
Sec	tion D. Computation of Investment Inc	ome Percent	age				
17	Investment income percentage for 2012 (line 10c,			ımn (f))		17	0 00%
18	Investment income percentage from 2011 Schedu	le A, Part III, line	17			18	
19a	33 1/3% support tests—2012. If the organization	did not check th	e box on line 14,	and line 15 is mo	ore than 33 1/3%	6, and line 17 is	
b	not more than 33 1/3%, check this box and stop it 33 1/3% support tests—2011. If the organization	_					▶ 📋
	• •						
20	line 18 is not more than 33 1/3%, check this box a Private foundation. If the organization did not ch	•	•	•		-	. ▶ 🗀

Schedule A (Form	990 or 990-EZ) 2012 La Cooperativa Campesina de California	68-0329821	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required	by Part II. line	10.
	Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional	information (S	, 200
		mornation. (c	566
	instructions).		
	•••••••••••••••••••••••••••••••••••••••		
			

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

La Co	operativa Campesina de California				68-0329821
Par		or Advised Funds or Othe	er Similar F	unds or A	counts. Complete if
	the organization answered "Yes"				•
		(a) Donor advised funds		(b) F	unds and other accounts
1	Total number at end of year	[
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				<u> </u>
4	Aggregate value at end of year				
5	Did the organization inform all donors and do				
	funds are the organization's property, subject				Yes No
6	Did the organization inform all grantees, don				
	used only for charitable purposes and not for		ior advisor, o	r for any othe	
	purpose conferring impermissible private ber				Yes No
Par	Conservation Easements. Com	olete if the organization ans	wered "Yes	to Form 9	90, Part IV, line /
1	Purpose(s) of conservation easements held	by the organization (check all the			
	Preservation of land for public use (e.g., rec	reation or education)	Preservation	ı of an histori	cally important land area
	Protection of natural habitat		Preservation	of a certified	d historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organiza	tion held a qualified conservation	on contributio	n in the form	of a conservation
	easement on the last day of the tax year	•			
					Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation eas			2b	
C	Number of conservation easements on a cer			2c	
d	Number of conservation easements included		ind not on a		
_	historic structure listed in the National Regist				<u></u>
3	Number of conservation easements modified	i, transferred, released, extingu	iished, or terr	ninated by th	e organization
4	during the tax year	conconiation accoment is least	ad b		
5	Number of states where property subject to or Does the organization have a written policy r		•••	handling of	
	violations, and enforcement of the conservat		ig, mapection	, nanding of	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitor		conservation	easements d	
•	>	g,ep e eg, ee eeg			3 ,
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing cons	ervation ease	ments during	the year
	▶ \$				•
8	Does each conservation easement reported	on line 2(d) above satisfy the re	equirements (of section	
	170(h)(4)(B)(I) and section $170(h)(4)(B)(II)$?				☐ Yes ☐ No
9	In Part XIII, describe how the organization re				
	balance sheet, and include, if applicable, the		nızatıon's fina	ancial statem	ents that describes
Do	the organization's accounting for conservation		04 6	\:!! A	
Par				imiiar Asse	ts.
	Complete if the organization answered	=			
1a	If the organization elected, as permitted und		-		
	works of art, historical treasures, or other sin	•			
_	of public service, provide, in Part XIII, the tex				
b	If the organization elected, as permitted under works of art, histograf treasures, or other sin	, , ,			
	works of art, historical treasures, or other sin of public service, provide the following amou		ollon, educat	ion, or resea	ion in turniciance
	(i) Revenues included in Form 990, Part VIII				▶ \$
	(ii) Assets included in Form 990, Part X	, mi o i			► \$
2	If the organization received or held works of	art historical treasures or other	er sımılar asse	 ets for financi	ial gain, provide the
-	following amounts required to be reported un				a. gam, provide tile
а	Revenues included in Form 990, Part VIII, lir				▶ \$
b	Assets included in Form 990, Part X	·			▶ \$

Sched	ule D (Form 990) 2012 La Cooperativa Carr	pesina de Califori	nıa				68-032	9821	F	Page 2
Part	III Organizations Maintaining	Collections of	Art, Hist	orical Tr	reasures, o	r Other	Similar Ass	ets (con	tinuec	1)
3	Using the organization's acquisition, accuse of its collection items (check all that		records, o	check any	of the follow	ing that a	are a significant	•		
а	Public exhibition		d [Loan	or exchange	program	s			
b	Scholarly research		e 🗀	Other	-					
С	Preservation for future generation	16		,						
4	Provide a description of the organization		evolain h	ow they fi	irther the ora	anization	n's evemnt nurn	ose in		
7	Part XIII			-				ose III		
5	During the year, did the organization so assets to be sold to raise funds rather the	nan to be maintain	ed as par	t of the org	ganization's c	ollection	?		es 🗌	No
Part	IV Escrow and Custodial Arra IV, line 9, or reported an amo	_	•	•	nization ans	wered "	Yes" to Form	990, Pa	art	
1a	Is the organization an agent, trustee, cu				ributions or of	ther asse	ets not			N.
b	included on Form 990, Part X? If "Yes," explain the arrangement in Par	t XIII and complete	a the follo	wina tahla	•			∐ Y	es	No
D	ir res, explain the arrangement in Far	t Am and complete	e trie iolio	wing table		<u> </u>	T	Amount		
С	Beginning balance					1c		Amount		
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				0
2a	Did the organization include an amount	on Form 990, Par	t X, line 2	1?				□ Ye	s X	No
b	If "Yes," explain the arrangement in Par				as been provi	ded in P	art XIII	_	Ħ	
Part								n		
		(a) Current year		or year	(c) Two years		(d) Three years bac		our years	back
1a	Beginning of year balance			<u> </u>			<u>`</u>	 ``		
b	Contributions									
С	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
	and programs									
f	Administrative expenses		ļ. r							
g	End of year balance	0		0	·	0		0		0
2	Provide the estimated percentage of the	current year end		line 1g, co	olumn (a)) hel	d as				
a	Board designated or quasi-endowment Permanent endowment	0/	<u>%</u>							
b c	Temporarily restricted endowment	<u>%</u> ▶ %								
·	The percentages in lines 2a, 2b, and 2c		%							
3a	Are there endowment funds not in the p	•		n that are	held and add	ministere	ed for the			
	organization by			m unat are	Tiola and aai				Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(II), are the related organiz	ations listed as red	quired on	Schedule	R?			3b		
4	Describe in Part XIII the intended uses	of the organization	's endowr	nent fund:	s			,		
Part	VI Land, Buildings, and Equip	ment. See Forn	n 990, Pa	art X, line	e 10.					
	Description of property	(a) Cost or of (investm			ost or other is (other)		Accumulated preciation	(d) B	ook valu	9
1a	Land .		0		0					0
b	Buildings		0		0		0		-	0
С	Leasehold improvements .		0		0		0			0
d	Equipment .		52,213		0		49,989			2,224
<u>e</u>	Other .		0	l	0		0			0
Total	l. Add lines 1a through 1e (Column (d) m	ust equal Form 99	00, Part X,	column (l	B), line 10(c)		▶			2,224

Schedule D (Form 990) 2012	Page 3
(including name of security) (1) Financial derivatives	
(2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) (I) Total (Column (b) must equal Form 990, Part X, col (B) line 12) ▶ 0 Part VIII Investments—Program Related. See Form 990, Part X, line 13 (a) Description of investment type (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Part X Other Assets. See Form 990, Part X, line 15 (a) Description (b) must equal Form 990, Part X col (B) line 12) ▶ 0 Part IX Other Assets. See Form 990, Part X, line 15	
(3) Other (A) (B) (C) (C) (C) (D) (C) (D) (E) (C) (C) (D) (E) (C) (G) (G) (H) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I	
(A) (B) (C) (C) (D) (E) (F) (G) (I) Total (Column (b) must equal Form 990, Part X, col (B) line 12) ▶ 0 Part VIII Investments—Program Related. See Form 990, Part X, line 13 (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total (Column (b) must equal Form 990, Part X, col (B) line 12) ▶ 0 Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) must equal Form 990, Part X, col (B) line 13) ▶ 0 (b) Book value (b) Book value (c) Method of valuation Cost or end-of-year market value (c) Method of valu	
(B) (C) (D) (E) (F) (G) (H) (I) Total (Column (b) must equal Form 990, Part X, col (B) line 12) ▶ 0 Part VIII Investments—Program Related. See Form 990, Part X, line 13 (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total (Column (b) must equal Form 990, Part X, col (B) line 12) ▶ 0 Part IX Other Assets. See Form 990, Part X, line 15	
(C) (D) (E) (F) (G) (H) (I) Total (Column (b) must equal Form 990, Part X col (B) line 12) ▶ 0 Part VIII Investments—Program Related. See Form 990, Part X, line 13 (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ 0 Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) must equal Form 990, Part X, col (B) line 13) ▶ 0	
(D) (E) (F) (G) (H) (I) Total (Column (b) must equal Form 990, Part X, cot (B) line 12)	
(E) (F) (G) (H) (I) Total (Column (b) must equal Form 990, Part X col (B) line 12) ▶ 0 Part VIII Investments—Program Related. See Form 990, Part X, line 13 (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total (Column (b) must equal Form 990, Part X col (B) line 13) ▶ 0 Part IX Other Assets. See Form 990, Part X, line 15	
(F) (G) (H) (I) Total (Column (b) must equal Form 990, Part X, col (B) line 12) ▶ 0 Part VIII Investments—Program Related. See Form 990, Part X, line 13 (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ 0 Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value (b) Book value (c) Method of valuation Cost or end-of-year market value	
(G) (H) (t) Total (Column (b) must equal Form 990, Part X, col (B) line 12) ▶ 0 Part VIII Investments—Program Related. See Form 990, Part X, line 13 (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ 0 Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value (b) Book value (b) Book value (c) Method of valuation Cost or end-of-year market value (c) Method of valuatio	
(H) (I) Total (Column (b) must equal Form 990, Part X, col (B) line 12)	
(I) Total (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. See Form 990, Part X, line 13 (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	
Total (Column (b) must equal Form 990, Part X, col (B) line 12) No Part VIII Investments—Program Related. See Form 990, Part X, line 13 (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) </td <td></td>	
Part VIII Investments—Program Related. See Form 990, Part X, line 13 (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	
(a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value (c) Method of valuation Cost or end-of-year market value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ 0 Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value	
(3) (4) (5) (6) (7) (8) (9) (10) Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ 0 Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value	
(4) (5) (6) (7) (8) (9) (10) Total (Column (b) must equal Form 990, Part X, ∞l (B) line 13) ▶ 0 Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value	
(5) (6) (7) (8) (9) (10) Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ 0 Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value	
(6) (7) (8) (9) (10) Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ 0 Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value	
(7) (8) (9) (10) Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ 0 Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value	
(8) (9) (10) Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ 0 Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value	
(9) (10) Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ 0 Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value	
(10) Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ 0 Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value	
Total (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value	
Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value	
(a) Description (b) Book value	
(2)	
(3)	
(4)	
(5)	
(6)	
(8)	
(9)	
(10) Total (Column (h) must equal Form 990, Part X, col. (B) line 15.)	
Total: (Coldinii (b) music equal to mi esse, t are xi, est (b) mie to)	0
Part X Other Liabilities. See Form 990, Part X, line 25	
1. (a) Description of liability (b) Book value	
(1) Federal income taxes 0	
(2)	
(3) (4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability	

Schedu	ile D (Form 990) 2012 La Cooperativa Campesina de California			68-0329821	Page 4
Part		nts W	ith Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements			1	4,363,276
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities .	2b	1		
C	Recoveries of prior year grants .	2c	_		
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	4,363,276
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b		1	
C	Add lines 4a and 4b		•	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	4,363,276
Part		ents V	Vith Expenses p	er Return	11
1	Total expenses and losses per audited financial statements			1	4,337,244
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				1,1,
a	Donated services and use of facilities	2a	1		
b	Prior year adjustments	2b		1	
c	Other losses .	2c		1	
d	Other (Describe in Part XIII)	2d		1	
е	Add lines 2a through 2d		•	2e	0
3	Subtract line 2e from line 1			3	4,337,244
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b		1 1	
C	Add lines 4a and 4b			4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	4,337,244
	XIII Supplemental Information			<u>. </u>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part	t III. lin	es 1a and 4. Part IV	/. lines 1b and	2b.
	/, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also				,
	onal information		order and part to pro		
Part >	KI The organization is subject to an A-133 audit by an outside CPA firm Prior fisca	al			
years	financial statements have been audited and will also be audited for the fiscal year	<u>r</u>			
endın	g 12-31-12 Due to significant turnover in the finance office, this audit has not				
been	completed at the time of filing of the Form 990 but is anticipated to be completed	<u>by</u>			
Dece	mber 31, 2013				

Schedule D (Form 990) 2012	La Cooperativa Campesina de California		68-0329821	Page 5
Part XIII Suppl	emental Information (continued)			
		-		
•••••				
	•			
	•••••			
				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection Employer identification number

La Cooperativa Campesina de California	[68-0329821
Form 990 Part VI Line Line 11b The Board of Directors is sent a copy of the tax returns and	
reviews them for accuracy and completeness before the returns are filed	
Form 990 Part VI Line Line 12c All business transactions must comply with the Conflict of	
Interest policy This applies to officers, employees, agents and it's subcontractors.	
Form 990 Part VI Line Line 19 The annual tax filings are available from the organization at	
ıt's offices ın Sacramento CA upon request	
Form 990 Part XII Line Line 3b The organization is subject to an A-133 audit by an outside CPA	
firm Prior fiscal years financial statements have been audited and will also be audited for	
the fiscal year ending 12-31-12. Due to significant turnover in the finance office, this audit	••••
has not been completed at the time of filing of the Form 990 but is anticipated to be	
completed by December 31, 2013	

Schedule O (Form 990 or 990-EZ) (2012)		Page Z
Name of the organization	Employer identification number	
La Cooperativa Campesina de California	68-0329821	

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Department of the Treasury Internal Revenue Service

(Including Information on Listed Property)

► See separate instructions. Attach to your tax return. Sequence No 179 Business or activity to which this form relates Identifying number Name(s) shown on return

La	Cooperativa Campesina de Californ	na [990					[68-0329821		
Pa	rt I Election To Expense	Certain Prop	erty Und	ler Section 1	79	-	- -		
	Note: If you have any listed	d property, comple	te Part V b	efore you comple	ete Part I				
1	Maximum amount (see instructions	s)						1	
2	Total cost of section 179 property placed in service (see instructions)								
3	Threshold cost of section 179 property before reduction in limitation								
4	Reduction in limitation Subtract lin-	e 3 from line 2 If	f zero or le	ess, enter -0-				4	0
5	Dollar limitation for tax year Subtra	act line 4 from lin	e 1 If zero	o or less, enter -	0- If married	filing			
	separately, see instructions							5	0
6	(a) Description of	property	-	(b) Cos	st (business use	e onty)	(c) Elected c	ost	
									ł
7	Listed property Enter the amount f	from line 29				7			
8	Total elected cost of section 179 pr	roperty Add amo	ounts in co	olumn (c), lines 6	and 7			8	0
9	Tentative deduction Enter the sma	iller of line 5 or li	ne 8					9	0
10	Carryover of disallowed deduction	from line 13 of yo	our 2011 F	Form 4562				10	
11	Business income limitation Enter t	he smaller of bus	siness inco	ome (not less th	an zero) or lin	e 5 (see insti	ructions)	11	
12	Section 179 expense deduction Ad	dd lines 9 and 10), but do n	ot enter more th	an line 11			12	0
	Carryover of disallowed deduction					▶ 1:	B	0	
No	te: Do not use Part II or Part III belo								
Pa	rt II Special Depreciation	ı Allowance aı	nd Other	r Depreciatio	n (Do not in	clude listed	property) (See	instr	uctions.)
14	Special depreciation allowance for	qualified propert	y (other th	nan listed propei	rty) placed in s	service			
	during the tax year (see instruction							14	
15	Property subject to section 168(f)(1	l) election						15	
16	Other depreciation (including ACR			<u></u>				16	
Pa	rt III MACRS Depreciation	ı (Do not ınclu	de listed	property.) (Se	e instruction	าร)			
				ion A					
	MACRS deductions for assets place		•					17	
18	If you are electing to group any ass	•	rvice durin	ng the tax year ii	nto one or mo	re		İ	
	general asset accounts, check here	е					▶∟		
	Section B - Asset	s Placed in Sen	rice Durin	ng 2012 Tax Ye	ar Using the	General Dep	reciation Systen	n	
		(b) Month and	(c) Basis	s for depreciation	=				
	(a) Classification of property	year placed	(busines	s/investment use	(d) Recovery period	(e) Convention	(f) Method	(g) De	preciation deduction
		in service	only—s	see instructions)	, , , , , , , , , , , , , , , , , , , ,				
19		1							
	b 5-year property					ļ			3,454
	c 7-year property							\bot	
	d 10-year property							┷	
	e 15-year property				ļ		<u> </u>		
	f 20-year property				 		1	+	
	g 25-year property				25 yrs		S/L		
	h Residential rental				27 5 yrs	MM	S/L	+	
	property	_	ļ		27 5 yrs	MM_	S/L		
	i Nonresidential real	ļ			39 yrs	MM	S/L	+	
	property		L		<u> </u>	MM_	S/L		
	Section C - Assets	Placed in Servi	ce During	2012 Tax Yea	Using the A	ternative De		<u>m</u> _	
20	a Class life	4			 	ļ	S/L	—	
	b 12-year	 			12 yrs	 	S/L		
п.	c 40-year				40 yrs	MM	S/L		
	rt IV Summary (See instru				_			Let	
	Listed property. Enter amount from							21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions 2									
-						ee instruct <u>ior</u>	<u>s</u> .	22	3,454
23	For assets shown above and place		ng the cur	rent year, enter	the portion				
	of the basis attributable to section 2	263A costs				2	3		