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# Form **990**

## **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

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

Α	For the	e 2013 cale	ndar year, or tax year beginning			and ending	9		, 20			
В	Check if	f applicable	C Name of organization La Cooperativa C	ampesina de Cali	fornia			D Employ	er identification number			
	Address	change	Doing Business As						68-03229821			
	Name cl	hange	Number and street (or P O box if mail is no	ot delivered to street	address)	Room/sui	te	E Telepho	ne number			
	Initial ref	turn	1107 9th Street			4	120		(916) 388-2220			
	Termina	ited	City or town, state or province, country, an									
	Amende	ed return	Sacramento, CA 95814					G Gross receipts \$				
	Applicat	tion pending	F Name and address of principal officer			,	H(a) Is this a gr	oup return for	subordinates? Yes No			
			subordinate	s included? Yes No								
$\overline{}$	Tax-exe	empt status	o," attach a	a list (see instructions)								
J	Website		exemption	number ►								
K	Form of	organization	Corporation Trust Association	Other ▶	L Ye	ar of formati	on	M State	of legal domicile			
	art I	Summ										
	1	Briefly de	escribe the organization's mission of	r most significar	nt activities	Suppor	tive services	that prom	ote the well-being of			
ë		migrant se	easonal farmworkers, and their families a	and communities								
Governance			/									
ē	2	Check th	is box ▶ ☐ if the organization disco	ntinued its oper	ations or di	sposed o	f more than	25% of	its net assets.			
Š	3		of voting members of the governing			•		3	9			
æ	4		of independent voting members of t	- ·		. line 1b)		4	0			
es	5		nber of individuals employed in cale	•	• •			5	0			
Σ̈́	6		nber of volunteers (estimate if neces	•	(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>-</i> ,		6				
Activities &	7a		elated business revenue from Part \	• •	line 12	•		7a	0			
•	b		ated business taxable income from			•	• •	7b	0			
_	<del>  ~</del>	1101 01110	area paemeee taxaele meeme mem	101111000 171111		·	Pnor Ye		Current Year			
_	8	Contribu	227,070	199,242								
Revenue	9		,135,855	4,257,643								
Ķ	10	_	service revenue (Part VIII, line 2g)	351	181							
æ	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)								0			
	12		enue—add lines 8 through 11 (muste			ne 12)	4	,363,276	4,457,066			
_	13							0	0			
		Benefits paid to or for members (Part IX, column-(A), line 4) VID  Salaries, other compensation, employee benefits (Part IX, column (A), lines 10)							0			
	L .								408,761			
Expenses	16a								0			
ĕ	b		draising expenses (Part IX, column (		1							
Ĕ	17		,881,637	4,054,988								
	18		penses (Part IX, column (A), lines 11 penses. Add lines 13-17 (must equa			∦ · ⊢		,337,244	4,463,749			
	19		less expenses. Subtract line 18 from		TANTILLE ST	" ' ⊢	<u>-</u>	26,032	(6,682)			
_ 9	+	nevenue	less expenses. Subtract line 18 iron	11 11116 12	•	·	Seginning of Cu		End of Year			
sets or	20	Total acc	ets (Part X, line 16)			F		,006,603	1,372,884			
Asse Bals	21		ulities (Part X, line 26)			-	<u> </u>	735,945	1,106,827			
Net	21 22		ts or fund balances. Subtract line 21	 I from line 20		-		270,658	266,057			
	artil		ture Block	i iioiii iiiie 20		<u></u>						
			ry, I declare that I have examined this return,	inglisding accompan		e and stator	nonts and to th	ne best of	my knowledge, and helief it is			
tru	e, correc	t, and compl	ete Declaration of preparer (other than officer	) is based on all info	rmation of whi	ch preparer	has any knowle	edge	iny knowicago una bolici, k lo			
_			<del>/////////////////////////////////////</del>				-	8/	4/10/			
Sig	n	esign	ature of officer				Dat	te	<i></i>			
He	_	! "	irco Cesar Lizarraga, Executive D	uractor								
کید			or print name and title	/II ector								
_			<u> </u>	rer's signature		Da	te	T <sub>6'</sub> .	PTIN			
Pa								Check self-em				
	èpare											
Uş	e On					_		ı's EIN ▶				
Ma	Ø. v the ⊪		ddress ► s this return with the preparer showi	n ahove? (see in	etructione)		Pho	ne no	☐ Yes ☐ No			

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

Cat No 11282Y

C	atement of Program Service Accomplishments		<u> </u>
	neck if Schedule O contains a response or note to any line in this Part III	·	
	lescribe the organization's mission		
	ementation of a wide variety of programs including job training, family health, education, and other supportive service the well-being of migrant and seasonal farmworkers, their families and communities	es tnat 	
piomote	the well-being of ringram and seasonal antiworkers, their families and communities		
	organization undertake any significant program services during the year which were not listed on the		
•	rm 990 or 990-EZ?	☐ Yes	✓ No
	describe these new services on Schedule O		
	organization cease conducting, or make significant changes in how it conducts, any program ?		
	describe these changes on Schedule O.	☐ Yes	<b>⊠</b> No
	e the organization's program service accomplishments for each of its three largest program services,	as meas	ured by
	es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allog		
	expenses, and revenue, if any, for each program service reported		
4a (Code	900099 ) (Expenses \$ 4,060,779 including grants of \$ ) (Revenue \$ nent & Training - To provide employment and training, information and referral services, educational services for farm	4,060,779	.)
Employ	by the CA Employment Development Department		
	y tie OA Employment Development Department		
			<b>-</b>
4b (Code	900099 ) (Expenses \$ 196,864 including grants of \$ ) (Revenue \$	196,864	)
	on Systems - Produce, publish and distribute farmworker news bullentins statewide in Spanish and English Operati		
statewid	e telephone hotline for farmworkers seeking information and referrals for employment, housing and immigration servi	ices	
4c (Code	) (Expenses \$ including grants of \$ ) (Revenue \$		)
4c (Code	) (Expenses \$ including grants of \$) (Revenue \$		)
<b>4c</b> (Code:	) (Expenses \$ including grants of \$) (Revenue \$		)
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4c (Code:	) (Expenses \$		)
4c (Code:	) (Expenses \$		)
			)
	ogram services (Describe in Schedule O.)		)

Part I	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? .	2		1
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		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .	4		•
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<del>-</del>	<del> </del>	<u> </u>
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		•
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		,
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		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>V</b>
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	-		•
9	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		~
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	10		•
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	•	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		•
	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		1
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		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
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		~
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
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		<b>*</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		•
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		•
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		•
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		•
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			
20 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19	-	1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	-	<b>V</b>
D	II TES TO IIITE ZOA, DIO THE OFGANIZATION ATTACH A COPY OF ITS AUDITED TINANCIAL STATEMENTS TO THIS PETURN?	ZUD	1	1

	0 (2013)		1	Page 4
Part	Checklist of Required Schedules (continued)		V	At-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		•
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		•
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		•
c b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>1</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
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		•
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		•
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		•
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>y</b>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .	28c		•
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		•
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		-
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? <i>If "Yes," complete Schedule R, Part I </i>	33		•
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		<b>~</b>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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	35a 35b		<b>V</b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		•
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? <i>If "Yes," complete Schedule R</i> ,			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	37	4	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			. 🗆
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 1a 4			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	]		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1	
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
р	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) .	<u> </u>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	L	<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 financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		~
b	If "Yes," enter the name of the foreign country. ▶			
	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		<b>V</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
C	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			١.
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	<u> </u>		
<b>L</b>		7a		<b>*</b>
С	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		<u> </u>
·	required to file Form 8282?	7c		<b>J</b>
d	and the second s	76	_	~
e	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>*</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		4
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
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 and section 509(a)(3) supporting	<del></del>		
	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.			
а	Did the organization make any taxable distributions under section 4966?	9a		
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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		i	
11	Section 501(c)(12) organizations. Enter.			l
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
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			
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		<b>——</b>
L	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			
_	100		İ	
C 140	Enter the amount of reserves on hand	4.		<u> </u>
14a h	Did the organization receive any payments for indoor tanning services during the tax year?  If "Ves." has it filed a Form 720 to report these payments? If "No." provide an evaluation in School of Community of the Community of t	14a		~

•

Pårt	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI			
Secti	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 9			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
ь 2	Enter the number of voting members included in line 1a, above, who are independent  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			
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 person?	3		<b>V</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6		1
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		,
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		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	,,,		
а	The governing body?	8a	<b>√</b>	
b	Each committee with authority to act on behalf of the governing body?	8b	1	<del>-</del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	_	ode.)	<u></u>
<del>000</del>	on bit one content by requeste information about policies het required by the internat herein	300	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<b>~</b>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		✓
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	/	
13	Did the organization have a written whistleblower policy?	13	✓	
14 15	Did the organization have a written document retention and destruction policy?	14	<u> </u>	
а	The organization's CEO, Executive Director, or top management official	15a	<b>/</b>	
b	Other officers or key employees of the organization	15b	~	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			ł
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			Ī
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	405		
Soct:	organization's exempt status with respect to such arrangements?	16b		<u> </u>
<u> 3ecu</u> 17	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 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply	501(	c)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of integration in the statements available to the public during the tax year	erest (	oolicy	, and
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ▶	of the	1	

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Form	990	(201)	3

Part VII	Compensation of Officers, Directors,	, Trustees, Key Employees	, Highest Compensated Emplo	yees, 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 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 and/or Box 7 of Form 1099-MISC) 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

List persons in the following order. Individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees; and former such persons

☐ Check this box if neither the organization no	r any relate	d orga	anız	atic	n c	ompe	ensa	ited any currer	t officer, director	, or trustee.
					C)				[	
(A)	(B)	(do n	ot ch		ition		one	(D)	(E)	(F)
Name and Title	Average	box,	iot check more ti unless person is			is both an		Reportable	Reportable	Estimated
	hours per week (list any		icer and a du					compensation from	compensation from related	amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Hermekinda Sapien	3									
Director	3	4								
(2) Daniel Smith	3			_						
Director	3	4								
(3) Chris Page	3									
Director	3	4								
(4) Ernie Flores	3									
Director	3	1								
(5) Michael McCann	3									
Director	3	4								
(6) George Ortiz	3									
Director	3	1								
(7) Maricela Gallegos	3									
Director	3	4								
(8) Jim Harbottle	3								:	
Director	3	•					L			
(9) Artemio Pimentel	3									
Director	3	1					L			
(10) Marco Cesar Lizarrage	40		Ì							
Executive Director	40				~		<u> </u>	106,808		
(11)										
(12)										
(13)										<del></del>
(14)										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
					•	C)							
	(A) (B)			ot ch		ition more	e than e	one (D)			1		(F)
	Name and title	Average hours per	box,	unles	s pe	rson	is both	n an	Reportable compensation	Reportat compensatio			mated ount of
		week (list any			from related			· }	0	ther			
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizatii (W-2/1099-N		-	ensation n the
		organizations	ecto	utior	4	mp	st c	व	(W-2/1099-MISC)	(** 2, 1000 )		organ	nization
		below dotted line)	× 1	nal ti		loye	omp						related izations
			stee	ruste		Ф	ens					o.ga.	,22.10110
				ě			] at						
(15)								t					
		<b></b>											
(16)													
			<u></u>										
(17)													
								_					
(18)			]										
								_					
(19)		<b></b>											
(00)		-				<u> </u>		_					
(20)		ļ											
(04)	·							┝	<del> </del>				
(21)													
(22)													
\								}					
(23)								-					
<u> </u>			1										
(24)													
X2													
(25)													
			1										
1b	Sub-total					•		<b></b>	106,808				
C	Total from continuation sheets to Part							▶					
d	Total (add lines 1b and 1c)							<u> </u>	106,808				
2	Total number of individuals (including but		to th	ose	list	ed a	above	e) w	ho received me	ore than \$1	00,000	) of	
	reportable compensation from the organi	zation >					_						ı
_	Dalaha ayaa ahaa lah											,	Yes No
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete 3							emp	oloyee, or high	est compe	nsated		
												3	<b>•</b>
4	For any individual listed on line 1a, is the organization and related organizations												
	individual	greater the	ali pi							edule 3 lo	Such	' <del>  4</del>	
5	Did any person listed on line 1a receive of	r accrue co	, , mnei							ation or inc	tividua		
•	for services rendered to the organization											5	1
Section	on B. Independent Contractors		<u>-</u> -		-								1 🔻
1	Complete this table for your five highest of	compensate	ed inc	depe	end	ent	contr	acto	ors that receive	d more tha	 เท \$100	0,000 of	
	compensation from the organization Rep												n's tax
	year.								-				
	(A)								(B)			(C)	
	Name and business add	ress							Description of se	ervices		Compens	
													0
													0
													0
													0
													0
2	Total number of independent contractor							th	ose listed abo	ove) who			
	received more than \$100,000 of compens	auon nom	rue o	ya⊓	ıı∠dl	HOIL							

Par	t VIII					D4.1/III		
		Check if Schedule O contain	s a res	sponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	1a					
ara our	b	Membership dues .	1b					
S, G	С	Fundraising events .	1c					
ar.	d	Related organizations	1d					
s, C	е	Government grants (contributions	1e	179,174				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants and similar amounts not included abort	,	20,068				
절류	g	Noncash contributions included in lines						
S E	h	Total. Add lines 1a–1f	ια-τι ψ		199,242			
	- "	Total: Add lines 1a-11	• •	Business Code	.00,2.12	_		
Ē	2a	Employment & Training		900099	4,060,780	4,060,779		<u> </u>
ě	Za b	Information Services		900099	196,864	196,864	<del></del>	
ě				- 000000	130,004	100,004	<u> </u>	<del> </del>
ž	C							<del> </del>
တ္တ	d							
ä	е							<del></del>
Program Service Revenue	f	All other program service reve	nue					
<u>-</u> -	g	Total. Add lines 2a-2f .	•	▶	4,456,886			<del>-</del>
	3	Investment income (including	-		1			
		,	•		181	181		
	4	Income from investment of tax-ex	empt b	ond proceeds ►				
	5	Royalties		. , ▶				
		(i) R	eal	(ii) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		. ▶				
	7a	Gross amount from sales of (i) Secu	irities	(II) Other				
		assets other than inventory						
	ь	Less cost or other basis		<del> </del>				
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
	u	Net gain or (loss) .	•	· · · · <b>P</b>	+			
venue	8a	Gross income from fundraising events (not including \$	9					
Other Reve		of contributions reported on line See Part IV, line 18	1c) a					
Ŧ	b	Less. direct expenses	b		1			
	С	Net income or (loss) from fund	raising	events >		[		
	9a	Gross income from gaming act See Part IV, line 19	ivities a					
	١.		_	<b>—</b>				
		Less direct expenses .	. b					- <del></del>
	1	Net income or (loss) from gam	_	ivities				<del></del>
	10a	Gross sales of inventory,						
			· a					
1		Less: cost of goods sold	b					
į	С	Net income or (loss) from sale	s of inv					
		Miscellaneous Revenue	···	Business Code				<u> </u>
	11a							
	b							
	С							
	d	All other revenue		-				
	е	Total. Add lines 11a-11d						<u> </u>
	12	Total revenue See instruction	· ne		4.457.067			+

	90 (2013)				Page 10
	IX Statement of Functional Expenses				
Sectio	on 501(c)(3) and 501(c)(4) organizations must com			s must complete co	iumn (A).
Do no	Check if Schedule O contains a response include amounts reported on lines 6b, 7b,	se or note to any lin	e in this Part IX .	(C)	
	o, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees	106,808	106,808		
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	0		
7	Other salaries and wages	197,608	197,608		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,787	17,787		
9	Other employee benefits	60,530	60,530		
10	Payroll taxes	26,029	26,029		
11	Fees for services (non-employees):		-		•
а	Management	0	0		
b	Legal	0	0		
С	Accounting	122,720	122,720		
d	Lobbying	0	0		
e	Professional fundraising services See Part IV, line 17	0	0		
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column		0		
9	(A) amount, list line 11g expenses on Schedule O.)	o	اه		
12	Advertising and promotion	0	0		
13	Office expenses	23,579	23,579		
14	Information technology	50,836	50,836		
15	Royalties	0	0		
16	Occupancy	47,164	47,164		
17	Travel	27,635	27,635		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0		
19	Conferences, conventions, and meetings	16,838	, 16,838		
20	Interest	91	91		
21	Payments to affiliates	0	0		···-·
22	Depreciation, depletion, and amortization .	1,713	1,713		
23	Insurance	4,894	4,894		
24	Other expenses. Itemize expenses not covered 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	Subcontractors	3,738,369	3,738,369		
b	Communications	12,933	12,933		
C	Training	6,738	6,738		
d	All other expenses	1,477	1,477		
е 25	All other expenses  Total functional expenses. Add lines 1 through 24e	4,463,749	4,463,749		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	., 125, 13	,,,,,,,,,		

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 220,531 218,618 Cash - non-interest-bearing 1 1 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 1.142.480 775,218 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 0 Notes and loans receivable, net . . 7 8 Inventories for sale or use 8 8,670 11,327 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 37.304 10a 36,793 2.224 511 Less: accumulated depreciation 10c 11 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 12 13 Investments -- program-related. See Part IV, line 11 13 14 Intangible assets 14 . . . . . . . . 15 15 1,006,643 1,372,884 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 733,903 1,106,827 17 17 Accounts payable and accrued expenses 18 Grants payable . . 18 Deferred revenue . 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . 25 733,903 1,106,827 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 272,740 27 Unrestricted net assets 27 28 Temporarily restricted net assets . . 28 29 Permanently restricted net assets . . . . . . 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds Net Assets 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 33 33 1,006,643 1,372,884 34 34 Total liabilities and net assets/fund balances

Form 9	90 (2013)			Pa	age 12
Par	Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,45	7,067
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,46	3,749
3	Revenue less expenses. Subtract line 2 from line 1	3			6,682)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		26	6,057
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			
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in	i	l	
	Schedule O			L	
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled 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	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			
	separate basis, consolidated basis, or both:				
	☐ 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 o	versight			l
	of the audit, review, or compilation of its financial statements and selection of an independent account	ıntant?	2c	<b>√</b>	
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain in			
	Schedule O	•			l
За	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	<b>/</b>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	erao the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		•
				າ 990	(2013)

#### SCHEDULE O (Form 990 or 990-EZ)

### 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

La Cooperativa Campesina de California	68-0329821
Form 990 Part VI Line 11b - The Board of Directors is sent a copy of the tax returns and reviews them for account of the tax returns and reviews them for account of the tax returns and reviews them for account of the tax returns and reviews them for account of the tax returns and reviews them for account of the tax returns and reviews them for account of the tax returns and reviews them for account of the tax returns and reviews them for account of the tax returns and reviews them for account of the tax returns and reviews them for account of the tax returns and reviews them for account of the tax returns and reviews them for account of the tax returns and reviews them for account of the tax returns and reviews them for account of the tax returns and reviews them for account of the tax returns and reviews them for account of the tax returns and reviews them for account of the tax returns and reviews the tax returns a constant of	euracy and completeness before returns
are filed	
Form 990 Part VI Line 12c - All business transactions must comply with the Conflict of Interest policy This ap	plies to officers, employees,
agents, and its subcontractors	
Form 990 Part VI Line 19 - The annual tax filings are available from the organization at its offices in Sacramer	nto, California upon request
Form 990 Part XII Line 3b - The organization is subject to an A-133 audit by an independent CPA firm Prior y	ears financial statements have been
audited and will also be audited for the fiscal year ending 12-31-13 The audit was ongoing at the time of filing	the Form 990 and should be completed
by October 31, 2104	
	·

me of the organization	Employer identification number
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	