

Return of Organization Exempt From Income Tax

2013

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning _____, and ending _____																																													
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3">C Name of organization FOOD CHAIN WORKERS ALLIANCE, INC</td> <td>D Employer identification number</td> </tr> <tr> <td colspan="3">Doing Business As</td> <td>90-0728464</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td>E Telephone number</td> </tr> <tr> <td colspan="2">1730 W. OLYMPIC BLVD</td> <td>300 ROOM K</td> <td>213-380-4060</td> </tr> <tr> <td>City or town</td> <td>State</td> <td>ZIP code</td> <td></td> </tr> <tr> <td>LOS ANGELES</td> <td>CA</td> <td>90015</td> <td></td> </tr> <tr> <td>Foreign country name</td> <td>Foreign province/state/county</td> <td>Foreign postal code</td> <td></td> </tr> <tr> <td colspan="3">F Name and address of principal officer: JOANNO LO 1730 W. OLYMPIC BLVD STE 300 ROOM K, LOS ANGEL</td> <td>G Gross receipts \$ 348,206</td> </tr> <tr> <td colspan="3">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</td> </tr> <tr> <td colspan="3">J Website: ▶ HTTP://FOODCHAINWORKERS.ORG</td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>L Year of formation: 2011</td> <td>M State of legal domicile: CA</td> </tr> </table>	C Name of organization FOOD CHAIN WORKERS ALLIANCE, INC			D Employer identification number	Doing Business As			90-0728464	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number	1730 W. OLYMPIC BLVD		300 ROOM K	213-380-4060	City or town	State	ZIP code		LOS ANGELES	CA	90015		Foreign country name	Foreign province/state/county	Foreign postal code		F Name and address of principal officer: JOANNO LO 1730 W. OLYMPIC BLVD STE 300 ROOM K, LOS ANGEL			G Gross receipts \$ 348,206	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	J Website: ▶ HTTP://FOODCHAINWORKERS.ORG			H(c) Group exemption number ▶	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2011	M State of legal domicile: CA
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Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE FOOD CHAIN WORKERS ALLIANCE IS A COALITION OF WORKER-BASED ORGANIZATIONS WHOSE MEMBERS PLAIN, HARVEST, PROCESS, PACK, TRANSPORT, PREPARE, SERVE, AND SELL FOOD, ORGANIZING TO IMPROVE WAGES AND WORKING</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	4
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	294,189	243,544
	9 Program service revenue (Part VIII, line 2g)	21,401	100,097
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	173	200
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,365
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	315,763	348,206
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,410	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	131,262	139,604
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 12,320		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	151,616	202,306
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	287,288	341,910	
19 Revenue less expenses. Subtract line 18 from line 12	28,475	6,296	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	120,014	154,845
	21 Total liabilities (Part X, line 26)	5,849	33,592
	22 Net assets or fund balances. Subtract line 21 from line 20	114,165	121,253

Part II 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 Here	Signature of officer JOANNO LO	Date EXECUTIVE DIRECTOR	
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name KOOGWON KWUN	Preparer's signature	Date 4/10/2014
	Firm's name ▶ KOOGWON KWUN CPA AND ASSOCIATES, INC	Firm's EIN ▶ 54-2126747	Check <input checked="" type="checkbox"/> if self-employed PTIN P01425355
	Firm's address ▶ 869 S. IROLO ST, LOS ANGELES, CA 90005	Phone no. 213-480-0070	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:
CONDITIONS FOR ALL WORKERS ALONG THE FOOD CHAIN. THE ALLIANCE WORKS TOGETHER TO BUILD A MORE SUSTAINABLE FOOD SYSTEM THAT RESPECTS WORKERS' RIGHTS BASED ON THE PRINCIPLES OF SOCIAL, ENVIRONMENT AND RACIAL JUSTICE, IN WHICH EVERYONE HAS ACCESS TO HEALTHY AND AFFORABLE FOOD.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 130,222 including grants of \$) (Revenue \$ 85,022)
POLICY & STANDARDS - THROUGH THIS PROGRAM, FCWA WORKS TOWARDS POLICIES, CERTIFICATION PROGRAMS AND STANDARDS THAT ENSURE PROTECTIONS FOR WORKERS, THEIR FAMILIES, AND THEIR COMMUNITY AND FOR OUR FOOD SUPPLY AND THE ENVIRONMENT. FCWA ALSO COLLABORATES WITH OTHER ORGANIZATIONS TO EVALUATE PROGRAMS THAT EXIST TO CERTIFY FOOD AS "FAIR TRADE" OR "WORKER-FRIENDLY". THROUGH THIS PROGRAM, FCWA IS SUPERVISING A RESEARCH PROJECT THAT WILL PUBLISH A REPORT ON THE STATE OF FOOD WOKERS INTHE UNITED STATES.

4b (Code:) (Expenses \$ 83,291 including grants of \$) (Revenue \$ 15,075)
EDUCATION AND COMMUNICATIONS- THROUGH THIS PROGRAM, THE ORGANIZATION CREATES TOOLS AND STRATEGIES TO DECUATE THE PUBLIC AND THE MEDIA ABOUT THE ISSUES FACING FOOD SYSTEM WORKERS AND THE WORK OF THE FCWA.

4c (Code:) (Expenses \$ 43,407 including grants of \$) (Revenue \$)
WORKERS' LEADERSHIP DEVELOPMENT AND SOLIDARITY- THIS PROGRAM LOOKS FOR WAYS THAT FCWA MEMBERS CAN SUPPORT EACH OTHER. IT ALSO FOCUSES ON DEVELOPING SKILLS-SHARING TRAININGS, WORKERS EXCHANGES, AND A RESOURCE LIBRARY FOR FCWA MEMBERS.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 32,462 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 289,382

Part IV 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)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		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? <i>If "Yes," complete Schedule C, Part II.</i>		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? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		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? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		X
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		X
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)? <i>If "Yes," complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
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? <i>If "Yes," complete Schedule J.</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	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? <i>If "Yes," complete Schedule L, Part I.</i>		X
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? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
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	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
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.	X	

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, and various organizational requirements.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
1a	11		
b	Enter the number of voting members included in line 1a, above, who are independent		
1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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 person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official.	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	▶ CA
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 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: ▶	JOANN LO 1730 W. OLYMPIC BLVD STE ROOM K, LOS ANGELES, CA 90015 213-380-4060

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) Daniel Gross ----- Director	0.00 ----- 0.00	X							
(2) Julia Perkins ----- Director	0.00 ----- 0.00	X							
(3) Jessica Culley ----- Director	0.00 ----- 0.00	X							
(4) Axel Fuentes ----- Director	0.00 ----- 0.00	X							
(5) Abby Mills ----- Director	0.00 ----- 0.00	X							
(6) Ana Aguayo ----- Director	0.00 ----- 0.00	X							
(7) Leah Fried ----- Director	0.00 ----- 0.00	X							
(8) Fekkak Mamdouh ----- Director	0.00 ----- 0.00	X							
(9) Sheheryar Kaoosji ----- Director	0.00 ----- 0.00	X							
(10) Rigo Valdez ----- Director	0.00 ----- 0.00	X							
(11) Kyle Schafer ----- Director	0.00 ----- 0.00	X		X					
(12) Joann Lo ----- Executive Director	40.00 ----- 0.00			X			62,000		
(13) ----- -----	----- -----								
(14) ----- -----	----- -----								

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total							62,000	0	0	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							62,000	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0					
	b	Membership dues	1b 3,450					
	c	Fundraising events	1c 0					
	d	Related organizations	1d 51,381					
	e	Government grants (contributions)	1e 0					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 188,713					
	g	Noncash contributions included in lines 1a-1f: \$	0					
	h	Total. Add lines 1a-1f	▶ 243,544					
	Program Service Revenue			Business Code				
		2a	SALES OF MERCHANDISE		363	363		
b		HONORARIA & TRAINING FEES		1,500	1,500			
c		CONSULTING		85,022	85,022			
d		SPECIAL EVENT		13,212	13,212			
e			0				
f		All other program service revenue		0				
g		Total. Add lines 2a-2f	▶ 100,097					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶ 200			200		
	4	Income from investment of tax-exempt bond proceeds	▶ 0					
	5	Royalties	▶ 0					
	6a	Gross rents	(i) Real					
			(ii) Personal					
			b	Less: rental expenses				
			c	Rental income or (loss)	0	0		
	d	Net rental income or (loss)	▶ 0					
	7a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			b	Less: cost or other basis and sales expenses	0	0		
			c	Gain or (loss)	0	0		
	d	Net gain or (loss)	▶ 0					
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a 0					
	b	Less: direct expenses	b 0					
	c	Net income or (loss) from fundraising events	▶ 0					
	9a	Gross income from gaming activities. See Part IV, line 19	a	0				
			b	Less: direct expenses	0			
			c	Net income or (loss) from gaming activities	▶ 0			
	10a	Gross sales of inventory, less returns and allowances	a	0				
b			Less: cost of goods sold	0				
c			Net income or (loss) from sales of inventory	▶ 0				
Miscellaneous Revenue		Business Code						
11a	OTHER INCOME		4,365	4,365				
b		0					
c		0					
d	All other revenue		0					
e	Total. Add lines 11a-11d	▶ 4,365						
12	Total revenue. See instructions	▶ 348,206	104,462	0	200			

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 or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 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	0			
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, trustees, and key employees	62,000	43,400	9,300	9,300
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	65,000	65,000		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	2,155	847	1,308	
10	Payroll taxes	10,449	7,314	1,568	1,567
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	0			
c	Accounting	14,186	14,186		
d	Lobbying	0			
e	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	257	257		
13	Office expenses	1,187	560	627	
14	Information technology	1,756	1,756		
15	Royalties	0			
16	Occupancy	3,509		3,509	
17	Travel	37,599	26,515	11,083	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,729	1,729		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	12,812		12,812	
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.)				
a	CONSULTING	88,814	88,814		
b	INCENTIVE	1,838	1,838		
c	STIPEND	33,099	33,099		
d	TAX/LICENSE/FEE	427	427		
e	All other expenses	5,093	3,640		1,453
25	Total functional expenses. Add lines 1 through 24e	341,910	289,382	40,207	12,320
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	113,324	1	106,202
	2 Savings and temporary cash investments	4,201	2	42,575
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	1,500	4	195
	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	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	989	9	5,873
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 0		
	b Less: accumulated depreciation	10b 0	10c	0
	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 11	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 equal line 34)	120,014	16	154,845	
Liabilities	17 Accounts payable and accrued expenses	5,849	17	33,592
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, 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	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	0	25	0
	26 Total liabilities. Add lines 17 through 25	5,849	26	33,592
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	18,915	27	68,253
	28 Temporarily restricted net assets	95,250	28	53,000
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	114,165	33	121,253	
34 Total liabilities and net assets/fund balances	120,014	34	154,845	

Part XI 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	348,206
2	Total expenses (must equal Part IX, column (A), line 25)	2	341,910
3	Revenue less expenses. Subtract line 2 from line 1	3	6,296
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	114,165
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	792
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	121,253

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
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?		X
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		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2013

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization FOOD CHAIN WORKERS ALLIANCE, INC	Employer identification number 90-0728464
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part 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 organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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
- e 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 If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A) See Attached Stmt									
(B)									
(C)									
(D)									
(E)									
Total	15								0

Part II 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
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	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, 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.)						0
11 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	0.00%
16a 33 1/3% support test—2013. 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 ▶ <input type="checkbox"/>		
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on 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 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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	0.00%

19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

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.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

FOOD CHAIN WORKERS ALLIANCE, INC

Employer identification number

90-0728464

Form 990, Part III, Line 4d: Program Service Expenses: 32,462, Grants and allocations: 0,

Revenue: 0 CAMPAIGNS- THE ORGANIZATION ALSO EXPLORES POTENTIAL JOINT COORDINATED CAMPAIGNS

WITH FWCA'S MEMBER ORGANIZATIONS. THROUGH THISCAMPAIGN, THE FCWA DEVELOPS ACTIONS TO ACT IN

SOLIDARITY WITH OTHER WORKERS' ORGANIZATIONS AND RELATED CAMPAIGNS.

Form 990, Part VI, Line Line 6: THE ORGANIZATION'S MEMBERS INCLUDES OTHER NON-PROFIT

ORGANIZATIONS FOR WHICH FCWA PROVIDES SUPPORT IN ITS CAPACITY AS A 509 (A) (3) SUPPORTING

ORGANIZATON.

Form 990, Part VI, Line LINE 7A: MEMBER ORGANIZATIONS ARE ENTITLED TO NOMINATE REPRESENTATIVES

FROM THEIR ORGANIZATIONS TO SERVES AS A DIRECTOR. FROM THESE NOMINEES, MEMBERS ELECT THE

ORGANIZATION'S BOARD OF DIRECTORS WHO IN TURN GOVERN THE ORGANIZATION'S ACTIONS.

Form 990, Part VI, Line LINE 11B: MEMBER OF THE BOARD'S FINANCE COMMITTEE ARE PROVIDED COPIES

OF THE FORM 990 AND RELATED SCHEDULES TO REVIEW PRIOR TO FILING.

Form 990, Part VI, Line LINE 12C: THE BOARD REVIEWS ALL MAJOR TRANSACTIONS DURING THE YEAR FOR

POSSIBLE CONFLICTS.

Form 990, Part VI, Line LINE 15A: THE BOARD APPROVES MANAGEMENT COMPENSATION BASED ON THEIR

KNOWLEDGE OF MARKET RATES FOR COMPARABLE POSITIONS.

Form 990, Part VI, Line LINE 19: DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

Name of the organization FOOD CHAIN WORKERS ALLIANCE, INC	Employer identification number 90-0728464
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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 - ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
FOOD CHAIN WORKERS ALLIANCE, INC

Employer identification number
90-0728464

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Brandworkers International, Inc 26-0798625 P O Box 1257 Long Island, NY 11101	Promote Workers' Right Awareness	NY	501(c)(3)	509 (A) (2)	N/A		X
(2) BrooklynFood Coalition 52-1053406 33 Flatbush Ave 5th Floor Brooklyn, NY 11217	Promote Workers' Right Awareness	NY	501(c)(3)	509 (A) (2)	N/A		X
(3) Center for New Community 36-4017728 47 West Division ste 514 Chicago, IL 60610	Promote Workers' Right Awareness	IL	501(c)(3)	509 (A) (2)	N/A		X
(4) Cincinnati Interfaith Workers 74-3215224 1235 Vine St Cincinnati, OH 45202	Promote Workers' Right Awareness	OH	501(c)(3)	509 (A) (2)	N/A		X
(5) Coalition of Immokalee Workers 65-0641010 110 S. 2nd st Immokalee, FL 34142	Promote Workers' Right Awareness	FL	501(c)(3)	509 (A) (2)	N/A		X
(6) Comite De Apoyo a Los Trabajadores Agricolas 22-2588350 4 S. Delsea Dr Glassboro, NJ 08028	Promote Workers' Right Awareness	NJ	501(c)(3)	509 (A) (2)	N/A		X
(7) International Labor Rights Forum 52-1497461 1634 I st NW ste 1001 Washington, DC 20006	Promote Workers' Right Awareness	DC	501(c)(3)	509 (A) (2)	N/A		X

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

Schedule R (Form 990) 2013

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Restaurant Opportunities Centers United	c	45,000	
(2) Restaurant Opportunities Center of New York	c	6,150	
(3) UE Research & Education Fund	c	231	
(4) Restaurant Opportunities Center of New York	p	5,083	
(5) International Labor RightsForum	p	342	
(6) Comite De Apoyo a LOS Trabajadores Agricolas	p	618	

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(8) Just Harvest USA 33-1067943 110 S. 2nd st Immokalee, FL 34142	Promote Workers' Right Awareness	FL	501(c)(3)	509 (A) (2)	N/A		X
(9) Mississippi Workers' Center for Human Rights 64-0904601 213 Main St Greenville, MS 38701	Promote Workers' Right Awareness	MS	501(c)(3)	509 (A) (2)	N/A		X
(10) Northwest Arkansas 20-3709967 207 W. Emma Ave Springdale, AR 72764	Promote Workers' Right Awareness	AR	501(c)(3)	509 (A) (2)	N/A		X
(11) Restaurant Opportunities Center of New York 03-0522321 275 Seven Ave Ste 1703 New York, NY 10001	Promote Workers' Right Awareness	NY	501(c)(3)	509 (A) (2)	N/A		X
(12) Restaurant Opportunities Centers United 01-0939141 350 7th ave Ste 1504 New York, NY 10001	Promote Workers' Right Awareness	NY	501(c)(3)	509 (A) (2)	N/A		X
(13) UE Research & Education Fund 25-1740134 37 S. Ashland Ave Chicago, IL 60607	Promote Workers' Right Awareness	IL	501(c)(3)	509 (A) (2)	N/A		X
(14) Urban Justice Center 13-3442022 123 William St 16th Floor New York, NY 10038	Promote Workers' Right Awareness	NY	501(c)(3)	509 (A) (2)	N/A		X
(15) Warehouse Worker Resource Center 45-2287926 1474 W. 8th St Ste 290 Upland, CA 91786	Promote Workers' Right Awareness	CA	501(c)(3)	509 (A) (2)	N/A		X
(16) Fair Word Project 41-1908341 6771 South Silver Drive Finland, MN 55603	Promote Workers' Right Awareness	MN	501(c)(3)	509 (A) (2)	N/A		X
(17)							
(18)							
(19)							
(20)							
(21)							
(22)							
(23)							
(24)							
(25)							

Part V Continuation of Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) Restaurant Opportunities Center of New York	p	2,329	
(8) Restaurant Opportunities Centers United	q	110	
(9) International Labor RightsForum	q	43	
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part I, Line 11h (Sch A (990/990-EZ)) - Supported Organizations

0

	Name(s) of supported organization(s)	Employer identification number (EIN)	Type of organization (described on lines 1 through 9 of Page 1 or IRC section)	Is the supported organization listed in the supporting organization's governing documents?		Did you notify the organization of your support?		Is the organization in the United States?		Amount of support
				Yes	No	Yes	No	Yes	No	
1	Brandworkers International, Inc	26-0798625			X	X		X		
2	Brooklyn Food Coalition	52-1053406			X	X		X		
3	Center for New Community	36-4017728			X	X		X		
4	Cincinnati Interfaith Workers	74-3215224			X	X		X		
5	Coalition of Immokalee Workers	65-0641010			X	X		X		
6	Comite de Apoyo a Los Trabajadores	22-2588350			X	X		X		
7	International Labor Rights Forum	52-1497461			X	X		X		
8	Just Harvest USA	33-1067943			X	X		X		
9	Mississippi Workers' Center for Human Rights	64-0904601			X	X		X		
10	Northwest Arkansas Workers' Justice Center	20-3709964			X	X		X		
11	Restaurant Opportunities Center of New England	03-0522321			X	X		X		
12	Restaurant Opportunities Centers United	01-0939141			X	X		X		
13	UE Research & Education Fund	25-1740134			X	X		X		
14	Urban Justice Center	13-3442022			X	X		X		
15	Warehouse Workers Resource Center	45-2287926			X	X		X		

California Exempt Organization Annual Information Return

2013

199

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization Name FOOD CHAIN WORKERS ALLIANCE, INC		California corporation number 3377402
Address (suite, room, or PMB no.) 1730 W. OLYMPIC BLVD 300 ROOM K		FEIN 90-0728464
City LOS ANGELES	State CA	ZIP Code 90015

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Information Return <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C IRC Section 4947 (a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input checked="" type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn)</p> <p><input checked="" type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) <input checked="" type="checkbox"/> _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input checked="" type="checkbox"/> 990 PF (3) <input type="checkbox"/> Sch H (990)</p> <p>G Is this a group filing for the subordinates/affiliates? . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," attach a roster. See instructions</p> <p>H Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p>I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," explain, and attach copies of revised documents.</p>	<p>J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," complete and attach form FTB 3509.</p> <p>K Is the organization exempt under R&TC Section 23701g? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required <input type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
--	---

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 <input checked="" type="checkbox"/>	1	104,662	00
	2 Gross dues and assessments from members and affiliates <input checked="" type="checkbox"/>	2	3,450	00
	3 Gross contributions, gifts, grants, and similar amounts received. <input checked="" type="checkbox"/>	3	240,094	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B <input checked="" type="checkbox"/>	4	348,206	00
	5 Cost of goods sold <input checked="" type="checkbox"/>	5	0	00
	6 Cost or other basis, and sales expenses of assets sold <input checked="" type="checkbox"/>	6	0	00
	7 Total costs. Add line 5 and line 6	7	0	00
	8 Total gross income. Subtract line 7 from line 4 <input checked="" type="checkbox"/>	8	348,206	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18 <input checked="" type="checkbox"/>	9	341,910	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 <input checked="" type="checkbox"/>	10	6,296	00
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F	11	10	00
	12 Total payments	12	0	00
	13 Penalties and Interest. See General Instruction J	13	0	00
	14 Use tax. See General Instruction K <input checked="" type="checkbox"/>	14	0	00
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result <input checked="" type="checkbox"/>	15	10	00

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer <input type="checkbox"/>	Title EXECUTIVE DIRECTOR	Date	<input checked="" type="checkbox"/> Telephone 213-380-4060
Paid Preparer's Use Only	Preparer's signature <input type="checkbox"/>	Date 04/10/2014	Check if self-employed <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> PTIN P01425355
	Firm's name (or yours, if self-employed) and address KOOGWON KWUN CPA AND ASSOCIATES, INC 869 S. IROLO ST, LOS ANGELES, CA 90005			<input checked="" type="checkbox"/> FEIN 54-2126747 <input checked="" type="checkbox"/> Telephone 213-480-0070
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions	●	1	100,097	00
	2 Interest	●	2	200	00
	3 Dividends	●	3	0	00
	4 Gross rents	●	4	0	00
	5 Gross royalties	●	5	0	00
	6 Gross amount received from sale of assets (See Instructions)	●	6	0	00
	7 Other income. Attach schedule	●	7	4,365	00
	8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	104,662	00
Expenses and Disbursements	9 Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9	0	00
	10 Disbursements to or for members.	●	10	0	00
	11 Compensation of officers, directors, and trustees. Attach schedule	●	11	62,000	00
	12 Other salaries and wages	●	12	65,000	00
	13 Interest	●	13	0	00
	14 Taxes	●	14	10,449	00
	15 Rents	●	15	3,509	00
	16 Depreciation and depletion (See instructions)	●	16	0	00
	17 Other Expenses and Disbursements. Attach schedule	●	17	200,952	00
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	341,910	00

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		117,525.	●	148,777.
2 Net accounts receivable		1,500.	●	195.
3 Net notes receivable		0.	●	0.
4 Inventories		0.	●	0.
5 Federal and state government obligations		0.	●	0.
6 Investments in other bonds		0.	●	0.
7 Investments in stock		0.	●	0.
8 Mortgage loans		0.	●	0.
9 Other investments. Attach schedule		0.	●	0.
10 a Depreciable assets	0.		0.	
b Less accumulated depreciation	(0.)	0.	(0.)	0.
11 Land		0.	●	0.
12 Other assets. Attach schedule		989.	●	5,873.
13 Total assets		120,014.		154,845.
Liabilities and net worth				
14 Accounts payable		5,849.	●	33,592.
15 Contributions, gifts, or grants payable		0.	●	0.
16 Bonds and notes payable		0.	●	0.
17 Mortgages payable		0.	●	0.
18 Other liabilities. Attach schedule		0.		0.
19 Capital stock or principle fund		0.	●	0.
20 Paid-in or capital surplus. Attach reconciliation		0.	●	0.
21 Retained earnings or income fund		114,165.	●	121,253.
22 Total liabilities and net worth		120,014.		154,845.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000			
1 Net income per books	●	6,296.	
2 Federal income tax	●		
3 Excess of capital losses over capital gains	●		
4 Income not recorded on books this year. Attach schedule	●	0.	
5 Expenses recorded on books this year not deducted in this return. Attach schedule	●	0.	
6 Total. Add line 1 through line 5		6,296.	
7 Income recorded on books this year not included in this return. Attach schedule	●		0.
8 Deductions in this return not charged against book income this year. Attach schedule	●		0.
9 Total. Add line 7 and line 8			0.
10 Net income per return. Subtract line 9 from line 6			6,296.

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

WEB SITE ADDRESS:

<http://ag.ca.gov/charities/>

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number <u>CT0188233</u> <hr/> FOOD CHAIN WORKERS ALLIANCE, INC Name of Organization 1730 W. OLYMPIC BLVD, Room 300 ROOM K Address (Number and Street) LOS ANGELES, CA 90015 City or Town, State and ZIP Code	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report <hr/> Corporate or Organization No. <u>3377402</u> Federal Employer I.D. No. <u>90-0728464</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)

Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between 100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 1/1/2013 ending 12/31/2013) list:
 Gross annual revenue \$ 348,206 Total assets \$ 154,845

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?		X

Organization's area code and telephone number 213-380-4060
 Organization's e-mail address INFO@FOODCHAINWORKERS.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

JOANN LO EXECUTIVE DIRECTOR
 Signature of authorized officer Printed Name Title Date

Line 7, Part II (CA 199) - Other Income

1	Other Income	1	4,365
2	_____	2	_____
3	_____	3	_____
4	_____	4	_____
5	_____	5	_____
6	_____	6	_____
7	_____	7	_____
8	_____	8	_____
9	_____	9	_____
10	Total	10	4,365

Line 11, Part II (CA 199) - Compensation of Officers, Directors, and Trustees

62,000

	Name	Street Address	City	State	Zip Code	Title	Time Devoted	Compensation
1	Daniel Gross	PO BOX 1257	Long Island	NY	11101	Director	0	
2	Julia Perkins	110 S. 2nd st	Immokalee	FL	34142	Director	0	
3	Jessica Culley	4 S. Delsea Dr	Glassboro	NJ	08028	Director	0	
4	Axel Fuentes	47 West Division ste 514	Chicago	IL	60610	Director	0	
5	Abby Mills	1634 I st NW ste 1001	Washington	DC	20006	Director	0	
6	Ana Aguayo	207 W. Emma Ave	Springdale	AR	72764	Director	0	
7	Leah Fried	37 S. Ashland Ave	Chicago	IL	60607	Director	0	
8	Fekkak Mamdouh	350 7th Ave Ste 1504	New York	NY	10001	Director	0	
9	Sheheryar Kaoosji	1474 W. 8th St Ste 290	Upland	CA	91786	Director	0	
10	Rigo Valdez	630 Shatoo Pl	Los Angeles	CA	90005	Director	0	
11	Kyle Schafer	275 7th Ave	New York	NY	10001	Director	0	
12	Joann Lo	1730 W. Olympic blvd Ste 300 RM K	Los Angeles	CA	90015	Executive Director	40	62,000

Line 17, Part II (CA 199) - Other Deductions

1	Pension plans, employee benefits	1	2,155
2	Legal fees	2	0
3	Accounting fees	3	14,186
4	Other professional fees	4	0
5	Travel, conferences, and meetings	5	39,328
6	Printing and publications	6	0
7	Special events direct expenses	7	0
8	Office expenses	8	1,187
9	Other expenses	9	144,096
10		10	
11		11	
12	Total	12	200,952

Line 12, Sch L (CA 199) - Other Assets

		Beginning	End
1	PREPAID EXPENSE	989	5,873
2			
3			
4			
5			
6			
7			
8			
9			
10	Total	989	5,873