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Form 990

Return of Organization Exempt From Income Tax

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

Open to Public

OMB No 1545-0047

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Ā	For the	2012 ca	lendar year, or tax year beginning 7/1/2012 , and ending	6/30/2	013		
В	Check if a	applicable	C Name of organization Community Alliance of Tenants	D Employer ide	entification number		
	Address o	change	Doing Business As	31-1571929			
	Name ch	ange	Number and street (or PO box if mail is not delivered to street address) Room/suite	E Telephone nu	mber		
一,	nıtıal retu	ım	2710 NE 14th Avenue	(503) 460-970	2		
Ħ.	rerminate	ed	City, town or post office, state, and ZIP code	(000) 100 070			
=	Amended		Portland OR 97212	G Gross receipts	s \$393,304		
=		on pending		this a group return f			
'	тррпости	on pending	L	e all affiliates includ			
				"No," attach a list (s			
<u> </u>	ax-exem	pt status	X 501(c)(3) 501(c) () ◀ (Insert no) 4947(a)(1) or 527	ivo, attaciralist (s	see insudctions)		
JV	Vebsite	<u>e: ► ww</u>	w oregoncat org H(c) G	oup exemption num	nber >		
KF	orm of o	rganization	X Corporation	ation 1996	M State of legal domicile OR		
Р	art l	Su	mmary	•			
	1			tenants on thei	r rights		
		, , ,		,	-		
8			······································				
nan	1						
Activities & Governance	2	Check ti	his box I if the organization discontinued its operations or disposed of mor	e than 25% of i	ts net assets		
Ğ	3		of voting members of the governing body (Part VI, line 1a)	1 -	3 6		
88	4		of independent voting members of the governing body (Part VI, line 1b)		4 6		
Ž	5		mber of individuals employed in calendar year 2012 (Part V, line 2a)	7	5 7		
Act	6		mber of volunteers (estimate if necessary)	-	65		
	7a	Total un	related business revenue from Part VIII, column (C), line 120	7	a 0		
	Ь		elated business taxable income from Form 9903T, Jine134	7	b 0		
				Prior Year	Current Year		
, da	8	Contribu	utions and grants (Part VIII, line 1h) OGDEN, UT	108,0	32 359,976		
ž	9	Progran	n service revenue (Part VIII, line-2g)	31,78	83 33,314		
Revenue	10	Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)		14		
Œ	11		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0		
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	139,8	15 393,304		
	13		and similar amounts paid (Part IX, column (A), lines 1–3)		0		
	14		s paid to or for members (Part IX, column (A), line 4)		0		
ø	15		, other compensation, employee benefits (Part IX, column (A), lines 5–10)	231,10	61 269,79		
Expenses	16a		ional fundraising fees (Part IX, column (A), line 11e)		0		
×	b		ndraising expenses (Part IX, column (D), line 25) 15,161		A LAMBA WAR		
•	17	Other ex	xpenses (Part IX, column (A), lines 11a–11d, 11f–24e)	61,20			
	18		penses Add lines 13–17 (must equal Part IX, column (A), line 25)	292,30			
- 5	19	Revenu	e less expenses Subtract line 18 from line 12	-152,5	1		
Net Assets or Fund Balances	00	Tatal as		ning of Current Yea			
See Bala	20		sets (Part X, line 16)	58,7			
ž Š	21		bilities (Part X, line 26) ets or fund balances Subtract line 21 from line 20	99,9			
	22 Int		Inature Block	33,30	00] 140,000		
Lind	or penalti	os of partir	y, I declare that I have examined this return, including accompanying schedules and statements, and to t	he best of my knowl	ledge		
and	belief, it i	is true, corre	ect, and complete Declaration of preparer (other than officer) is based on all information of which prepare	er has any knowledg	je		
			5/11/11				
Sig		7	Signature of officer	Date	12)//		
Here			9.116a Hassigan	1-	-13-14		
		7	Type or print name and title				
		Prin	t/Type preparer's name Preparer's signature Da	te	PTIN		
Pai	id	 R A = -	IVIGESTIGATI J. IVIIITEE, DR. CHAMATHAD) Mitter CPA, Good/A/a Tem/Compt) our smill-emplay 1/20 ig/concess.inet.		k X if P01200696		
Pre	parer		And the Haller CDA divin Torono land	1			
Us	e Only	¥ —	n's name ► Marshall J Miller, CPA d/b/a TemComp, Inc	Firm's EIN ► 58			
			n's address ► 3414 NW Vaughn St, Portland, OR 97210	Phone no 50	03-294-0961		
May	the IF	RS discus	ss this return with the preparer shown above? (see instructions)		X Yes No		

Form **990** (2012)

Form 9	990 (2012)	Community Alliance of Tenants	<u>31-1571929</u>	Page 2
Pa	rt III	Statement of Program Service Accomplishments	-	
	<u>`</u>	Check if Schedule O contains a response to any question in this Part III	<u> </u>	
1		describe the organization's mission cate tenants on their rights		
	io educ			
2		organization undertake any significant program services during the year which were not listed on		
	•	r Form 990 or 990-EZ?	Yes	X No
•		describe these new services on Schedule O		
3	service	organization cease conducting, or make significant changes in how it conducts, any program	Yes	X No
		' describe these changes on Schedule O		<u> </u>
4		e the organization's program service accomplishments for each of its three largest program services,	as measured by	
	-	es Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo	cations to others,	1
	the tota	l expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 52,993 including grants of \$) (Revenue		
4 a	•	Decree (CLID) Community Alliance of Toronto (CAT) assessment and valuations because	= 0	
		ed 7 (305 households reached) buildings in Portland and Beaverton that were experiencing		•
	severe	disrepair Renters were experiencing issues ranging from no heat, mold, broken locks, mice,		
	roaches	s, broken kitchen appliances, and interior water damage. They have been working with groups		
	that are	historically under represented, refugee communities that speak Nepali, Burmese, Zomi and		
		All but 1 building received full repairs. Tenants worked together to write collective		
	househ	learn about their rights and responsibilities, connected with HomeForward, and over 70 olds participated in rallies and public speaking events sharing their experiences		
	11000011			
4b	(Code) (Expenses \$ 106,214 including grants of \$) (Revenue		
40		on Program (EP)-The Renters' Rights Hotline reduced call turnaround time to same day or	, 4	/
	within 2	4-48 hours, getting much needed information to callers in crisis very quickly. The EP also		
	ıs respo	onsible for educational outreach in the community, giving renters rights presentations to		
	at risk r	enters who benefit greatly from understanding their rights and responsibilites as		
	renters	So in 2012 CAT through the EP has given 16 community presentations and educational		
		tion to over 350 renters in Portland, East Portland and Washington County Additionally, we ven 3 landlord/tenant law trainings to volunteers so that they have the ability to answer		
		the hotline Trained over 58 English and/or Spanish speaking volunteers on the hotline		
	We cou	nseled over 2800 callers throughout the state of Oregon on how to best self-advocate for		
		hts The higest call trends were eviction, repairs, and non payment of rent		
	(Cada) (Expenses \$ 133,680 including grants of \$) (Revenue		
4c	(Code	Livetico Brogram (H.I) In collaboration with JOIN StreetBoots, 211info and Orogan		
	Opportu	unity Network, CAT relaunched the hugely successful "We are the PDX Safety Net" social media		
	campai	Althoratally accoming \$4.7 million in general funds from the City of Dortland for heaving		
		neless services and ensuring ongoing funding for the future, and securing nearly \$2 million		
	for the i	Neighborhood Inspections Program CAT is a member of the statewide Housing Alliance 2012		
		ear to organize for Housing Opportunity Agenda. In collaboration with the Housing Alliance, coessfully passed a state-wide bill to reform Section 8 so that voucher holders have more		
		a the modest. Tapanta can no langur he depend haveing cololy for having a coefficial C		
		r CAT participates in the Oregon Landlord-Tenant Coalition CAT successfully negotiated		
		disade to reduce berriers for tenents during the coreening process limit how landlered con		
	require	tenants to purchase renters insurance and; add additional protections around how landlords		
		irge fees		
4d	Other p (Expens	rogram services. (Describe in Schedule O) ses \$ 0 including grants of \$ 0) (Revenue \$	0)	
4e		rogram service expenses 292,887		

	`		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		\neg	
	candidates for public office? If "Yes," complete Schedule C, Part I	3	x	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		
c	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			v
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	ĺ	ŀ	
	complete Schedule D, Part III	_8_	\dashv	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? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			<u> </u>
	VII, VIII, IX, or X as applicable			_å <u>.</u>
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		ļ	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			v
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	4.	1	v
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		_X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	l	Y
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	-10	 	_X
17	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40	1	v
46	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II .	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
202	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			-9
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	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	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		ا الله الله	* 2
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I .	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1 .	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		_ <u>X</u> _
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		_X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
	·	Form	990 (2012)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			П
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
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			
2-	gaming (gambling) winnings to prize winners?	<u>1c</u>		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the colonder year and the within the year any good by this setum.	ı	,	
b	Statements, filed for the calendar year ending with or within the year covered by this return [2a] 7			
U	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	1-	├
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	ļ	X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	 	┢╌
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	35	-	\vdash
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country	3 43		┢ᢚ
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	, , , 3}	* *	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	×-	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	, s	`	î
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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			-,-
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 6699 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g		X
h	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h	 	├^
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	* *	· ·	
	organizations, but the supporting organization, or a donor advised that maintained by a sponsoring	8		
9	Sponsoring organizations maintaining donor advised funds.	7 %	*	┢
a	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	l —	
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	* *	. ^.	l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	,	3	
11	Section 501(c)(12) organizations. Enter	• *		ľ., "
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		<u> </u>
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		
	Note. See the instructions for additional information the organization must report on Schedule O	* * }	, *	<i>`</i> ``
b	Enter the amount of reserves the organization is required to maintain by the states in which	"	,	l
	the organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand			1
l4a ∟	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b .	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		1

Part VI

Community Alliance of Tenants

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

	Check if Schedule O contains a response to any question in this Part VI.				X			
Sect	ion A. Governing Body and Management							
				Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 6						
	If there are material differences in voting rights among members of the governing body, or				İ			
	if the governing body delegated broad authority to an executive committee or similar		`	*				
	committee, explain in Schedule O			*				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 6	* \$,				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with						
	any other officer, director, trustee, or key employee?		2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct						
	supervision of officers, directors, or trustees, or key employees to a management company or other	person?	3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 wa	s filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	5		X			
6	Did the organization have members or stockholders?.		6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint						
	one or more members of the governing body?	•	7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,							
	stockholders, or persons other than the governing body?		7b		х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	, ,	,				
	the year by the following	J		,				
а	The governing body?		8a	X				
b	Each committee with authority to act on behalf of the governing body?		8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached						
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O							
Sect	ion B. Policies (This Section B requests information about policies not required by the I	nternal Revenue C	ode.)	_x_			
				Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters,						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?							
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could gi	ve 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		X			
14	Did the organization have a written document retention and destruction policy?		14		X			
15	Did the process for determining compensation of the following persons include a review and approve	al by						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation a	ind decision?	. 1972 E.C.					
а	The organization's CEO, Executive Director, or top management official		15a		X			
b	Other officers or key employees of the organization		15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		3 May 1		*			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	<u> </u>		ك الك			
	with a taxable entity during the year?		16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ite its	· ·		*			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeg	uard			أسسا			
	the organization's exempt status with respect to such arrangements?							
Sect	ion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶ OR							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	- I (Section 501(c)(3)	s only)				
	available for public inspection. Indicate how you made these available. Check all that apply							
		olain in Schedule O)						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	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 a		00					
	organization ► Elisa Harrigan	(503) 460-97	U2					
	2710 NE 14th Avenue, Portland, OR 97212							

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Form 990 (2012)	Community Alliance of Tenants	<u>31-</u> 15719 <u>29</u>	Page [']					
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated							
	Employees, and Independent Contractors							
	Check if Schedule O contains a response to any question in this Part VII	· · · · · · · · ·						

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

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)	box, office	unles er and	Pos neck ss pe	more rson recto	than or/truste is both or/truste employee	an	(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
(1) Steve Weiss	4 00			!				_		_
President	0 00		<u> </u>		<u> </u>	ļi		0	0	0
(2) Chris Marin	2 00			Ì						
Vice President	0 00	X	┝	<u> </u>				0	0	0
(3) Susan Mund	2 00	İ				-		Į.		
Secretary	0 00	Х			_			0	. 0	0
(4) Deborah Olson	2 00									
Director	0 00	Х		L				0	0	0
(5) Lionel Scott	2 00			ŀ						
Director	0 00	X						0	0	0
(6) Joe De Lune	2 00									
Director	. 0 00	Х						0	0	0
(7) Elisa Harrigan	40 00									
Executive Director	0 00	<u> </u>			Х			44,980	0	0
(0)							:			
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Pa	Section A. Officers, Directors, Tru	istees, Key Em	ploye	es,	and	iH t	ghes	t C	ompensated Em	ployees (conti	าued)		
	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than box, unless person is bott officer and a director/trus						(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimate amount 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)	or	mpensa from the ganizat nd relate ganizate	e ion ed
(15)			ļ							··· <u> </u>	 		
(16)													
(17)								-					
(18)													
(19)				<u> </u>	_								
(20)													
(21)											 		
(22)					<u> </u>								
(23)													
(24)													
(25)													
1b c	Sub-total Total from continuation sheets to Part VII, Se	ection A				-		>	44,980 0	(0
d_	Total (add lines 1b and 1c)				- \			>	44,980		<u> </u>		0
2	Total number of individuals (including but not lireportable compensation from the organization				e) v 0	vno	recei	vea	i more than \$100	,000 or 			
3	Did the organization list any former officer, dire	ector or trustee	kev e	mnl	ove	e 0	r hial	165	t compensated			Yes	No
	employee on line 1a? If "Yes," complete Scheo	lule J for such in	dıvidu	ıal	-						3		_X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greaters.									'n	ş		
	individual	iter then \$100,00	30 - 77	, ,	.0,	0011	ipioto	. 00	incadio o for ador	,	4		Х
5	Did any person listed on line 1a receive or accifor services rendered to the organization? If "You									ridual	5	- F	Х
Sec	tion B. Independent Contractors	oo, compicio co	,		701		,, po,	007	, <u> </u>	<u> </u>		<u> </u>	
1	Complete this table for your five highest compecompensation from the organization Report covers										tax		·
	(A) Name and business add	ress					•		(B) Description of serv	vices		C) ensation	
													0
								\vdash					<u>0</u> 0
													0
													0
2	Total number of independent contractors (inclu- more than \$100,000 of compensation from the	-	ed to ►	tho	se i	iste	d abo 0	ve)	who received		*		•

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII

	·				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns	1a	0)	3'	
Grants	b	Membership dues	1b	4,413		*, ,		
Ď Ē	С	Fundraising events .	1c	4,092	* * .	** * * * * * * * * * * * * * * * * * * *	**	*
Gífts, ilar An	d	Related organizations	1d	0	ekirana an	Capras Son K &	* 4.	* , * *
s, G	е	Government grants (contributions)	1e	98,966		'	·	
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and			`	2 - 3,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	* ^ }
ribu Cthe		similar amounts not included above .	1f	252,505	*		1 # \$	\$ 5 \$ W
ont nd (g	Noncash contributions included in lines 1a-1f:	\$	2,500	to the street of the street of		* *	
O 8	h	Total. Add lines 1a-1f		•	359,976	· · · · · · · · · · · · · · · · · · ·	Ÿ	, , , , , , , , , , , , , , , , , , ,
97				Business Code	***	· *	***	*
Program Service Revenue	2a	Fee for Services		900099	33,314	33,314		
8	b				0			
vice	С	'			0			
Sen	d				0			
E E	е				0			
'ogr	f	All other program service revenue			0			
<u> </u>	g	Total. Add lines 2a-2f			33,314	* * * *	2 * * *	
	3	Investment income (including dividends, inter	est,	and				
	_	other similar amounts)			14		ļ	14
	4	Income from investment of tax-exempt bond	proc	eeds -	0			
	5	Royalties (i) Real		(ii) Personal	<u> </u>			,
	Δ-			(II) Fersonal		A COLD	Y' W' ()	
	6a	Gross rents .		· · · · · · · · · · · · · · · · · · ·	Service of	44.4	4:4.	1; 🧸 🔾
	b	Less rental expenses .				with the second second		\$ * *
	C	Rental income or (loss)	0	0				
	d	Net rental income or (loss) Gross amount from sales of (i) Securities	9	(II) Other	<u> </u>	7		
	7a	Cross amount nom sales of	0	(11) Outer	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A 60 1 9		. 1
	<u></u>	assets other than inventory . Less cost or other basis		<u> </u>	0	2 * 3		
	b	and sales expenses	0	0		展 参 * * * *	* *	
		Gain or (loss)	- 0	0	The state of the s		* , *	
	d	Net gain or (loss)				· · · · · · · · · · · · · · · · · · ·		
	u	Net gain or (1055)						
<u>o</u>	8a	Gross income from fundraising			₹ * . /		* 1	, 11 0
JU.	- Ou	events (not including \$ 0			ing a secon	* * * * *		, , ,
eve		of contributions reported on line 1c)			, ~	Contraction of the	h	*
Other Reven		See Part IV, line 18 .	а	o			~~	* 7 ,
the	b		b	0	i	A. S.	· 🖠 · ·	* * * * }
Ò	С	Net income or (loss) from fundraising events		•	0			
	9a	Gross income from gáming activities.			,		t. & &	
		See Part IV, line 19 .	а	О	, ,	*	* * *	*
	b	Less direct expenses .	b	0	. 2		*	* * *
	С	Net income or (loss) from gaming activities		>	0			
	10a					1, 2	ě. 6	
		returns and allowances	а	0	/ N:		*	
	b	Less: cost of goods sold .	b	0			* 4 * 1	., \$
	С	Net income or (loss) from sales of inventory		>	0			
		Miscellaneous Revenue		Business Code	3 4 5	*		
	11a				0			
	b				0	l		
	С				0			
	d	All other revenue			0		, ,	
	е	Total. Add lines 11a-11d		•	0	<u> </u>	, , J. Y	* * *
	12	Total revenue. See instructions		▶	393,304	33,314	l 0	14

	290 (2012) Community Alliance of Tenants			31-15	71929 Page 10
	t IX Statement of Functional Expenses				
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all			complete column (A	<u> </u>
	Check if Schedule O contains a response to any	question in this Part	IX		, [
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				* * *
	organizations in the United States See Part IV, line 21	l ol		7. j	
2	Grants and other assistance to individuals in the			A STATE OF THE STA	¥****
	United States See Part IV, line 22	. ol		THE COLUMN	\
3	Grants and other assistance to governments,			Transfer Comment	· - ,
	organizations, and individuals outside the				7
	United States See Part IV, lines 15 and 16	ol			
4	Benefits paid to or for members	0		Mark Street	
5	Compensation of current officers, directors,				
	trustees, and key employees	44,980	38,655	4,309	2,016
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			i	
	persons described in section 4958(c)(3)(B)	o		<u> </u>	
7	Other salaries and wages .	166,381	142,984	15,938	7,459
8	Pension plan accruals and contributions (include			l	
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits .	37,757	32,386	3,731	1,640
10	Payroll taxes	20,675	16,095	2,019	2,561
11	Fees for services (non-employees)				
а	Management .	0			
b	Legal	6,000	6,000		
С	Accounting	8,595		8,595	
d	Lobbying	. 0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees .	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	5,663	5,106	84	473
12	Advertising and promotion	0			
13	Office expenses	17,191	13,925	3,027	239
14	Information technology	0			
15	Royalties .	0			
16	Occupancy	6,720	6,196 5,500		160
17	Travel	5,767	5,566	32	169
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	0	4.045	40	445
19	Conferences, conventions, and meetings .	4,800	4,645		
20	Interest .	294	252	29	13
21	Payments to affiliates .	0	40.1		
22	Depreciation, depletion, and amortization .	226	194		10
23	Insurance	2,913	\$4,-1,7, \$9,000 (4,00) AN	2,913	at ha
24	Other expenses Itemize expenses not covered		CE-A-GAR THE		
	above (List miscellaneous expenses in line 24e If			2.00	
	line 24e amount exceeds 10% of line 25, column	127		REFERENCE	 **

	•				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	5,663	5,106	84	473
12	Advertising and promotion	0			
13	Office expenses	17,191	13,925	3,027	239
14	Information technology	0			
15	Royalties .	0			
16	Occupancy	6,720	6,196	364	160
17	Travel	5,767	5,566	32	169
18	Payments of travel or entertainment expenses	,			· -
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	4,800	4,645	40	115
20	Interest .	294	252	29	13
21	Payments to affiliates .	0			
22	Depreciation, depletion, and amortization	226	194	22	10
23	Insurance	2,913		2,913	
24	Other expenses Itemize expenses not covered	- 1		***	· 1000 ·
	above (List miscellaneous expenses in line 24e If		Add at each	& Bross	
	line 24e amount exceeds 10% of line 25, column		THE RESERVE	and the same of	î
	(A) amount, list line 24e expenses on Schedule O)				* * * * * * * * * * * * * * * * * * * *
а	Telecommunications	6,872	6,350	363	159
b	County Subcontractor	694	694		
С	Miscellanious	14,458	13,839	472	147
d		0			
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e .	349,986	292,887	41,938	15,161
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				
	following SOP 98-2 (ASC 958-720)	I			
					Form 990 (2012)
					_

Part X Balance Sheet

		Check if Schedule O contains a response to	any qu	estion in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing .			5,829	1	10,552
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			13,504	3	21,003
	4	Accounts receivable, net .			135,131	4	140,431
	5	Loans and other receivables from current and for	rmer c	officers, directors,		ł	
		trustees, key employees, and highest compensation	ated er	nployees			
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified person				·	*
		4958(f)(1)), persons described in section 4958(c)(3)(B), a		•	A SALE PROPERTY.	:. §%	
		sponsoring organizations of section 501(c)(9) voluntary e		-	- 4 4 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u></u>
Assets		organizations (see instructions) Complete Part II of Sche	dule L			6	
SS	7	Notes and loans receivable, net			0	7	0
•	8	Inventories for sale or use		•		8	
	9	Prepaid expenses and deferred charges	l	1	4,225	9	4,319
	10a	Land, buildings, and equipment cost or				400 4 3. ≹r	1. 1. Y & 1. 1.
		other basis Complete Part VI of Schedule D	10a	10,602			
	b	Less accumulated depreciation	10b	10,089		10c	513
	11	Investments—publicly traded securities			0	11	0
	12	Investments—other securities See Part IV, line			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	-11	24)	450,000	15	0
	16 17	Total assets. Add lines 1 through 15 (must equa	ai iine .	34)	158,689 58,706	16 17	176,818
	18	Accounts payable and accrued expenses			56,706	18	33,518
	19	Grants payable				19	
	20	Tax-exempt bond liabilities				20	-
	21	Escrow or custodial account liability Complete F	2art IV/	of Schedule D		21	
S	22	Loans and other payables to current and former			v		
Liabilities	~~	trustees, key employees, highest compensated					
Ē		disqualified persons Complete Part II of Schedu		, cco, and	M63	22	- Advantage of the state of the
Ľi.	23	Secured mortgages and notes payable to unrela		rd parties	0	23	0
	24	Unsecured notes and loans payable to unrelate		-	0	24	0
	25	Other liabilities (including federal income tax, pa		•			
		parties, and other liabilities not included on lines	-				
		Part X of Schedule D		,	ĺ	25	0
	26	Total liabilities. Add lines 17 through 25			58,706	26	33,518
		Organizations that follow SFAS 117 (ASC 958), che	ck here ► X and		7. F.M.	N 8 0 0 1 1
ses		complete lines 27 through 29, and lines 33 ar	-			in A	· W VI
and	27	Unrestricted net assets			10,743	27	32,261
gal	28	Temporarily restricted net assets .			89,240	28	111,039
ᅙ	29	Permanently restricted net assets				29	1,1,000
Ē		Organizations that do not follow SFAS 117 (ASC958),	chack l	nere > and		, k 40% /4	<i>y</i> *
<u>-</u>		complete lines 30 through 34.	CHECK	iere P and		~. Š.	* **
Net Assets or Fund Balances	20	•				20	
SSe	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ed	nunma	int fund		30 31	
Ž	31 32	Retained earnings, endowment, accumulated in				32	
Ž	33	Total net assets or fund balances	wille,	or other fulles	99,983	33	143,300
	34	Total liabilities and net assets/fund balances			158,689	_	176,818
		Total Indentito and Total decemental balantees			100,000		1,0,010

Form	990 (2012) Community Alliance of Tenants	;	31-1 <u>5</u> 71929	Page	12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		393,	<u>=-</u> 304
2	Total expenses (must equal Part IX, column (A), line 25)	2		349	
3	Revenue less expenses Subtract line 2 from line 1	3		43,	318
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		99,	983
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		143,	<u> 301</u>
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			L	
				Yes	No
1	Accounting method used to prepare the Form 990 CashX Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				ر ا د تا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		~\$#. ⁽¹	13	7.
	reviewed on a separate basis, consolidated basis, or both		24		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		37.8	Carlo Marie	* 1
	separate basis, consolidated basis, or both			2000	, [
	Separate basis Consolidated basis Both consolidated and separate basis		# -	40	.
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight or	:		7.4	* *
C	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		> · · ·	7	- 4
	Schedule O		l de l	. Vi	. **
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			<u> </u>	
Ja	the Single Audit Act and OMB Circular A-133?		3a	1	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		34	-+	
J	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	1	

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

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

		ty Alliance of							L		5/1929		
Par	_			narity Status (All org						nstructio	ns.		
_	orgar			ition because it is (For									
1	닏			ches, or association of			in sectio	n 170(b)((1)(A)(i).				
2	닏			n 170(b)(1)(A)(ii) . (Atta		-							
3	닏	A hospital or	a cooperative h	ospital service organiza	ation desc	ribed in s e	ection 17	0(b)(1)(A)	(iii).				
4	Ш		search organizatime, city, and sta	tion operated in conjunte	ction with	a hospital	describe	d ın secti	on 170(b)	(1)(A)(iii)	. Enter t	he	
5		_		the benefit of a college Complete Part II)	e or univer	sity owner	d or opera	ated by a	governme	ntal unit o	describe	d	
6	П			ernment or government	al unit des	scribed in	section 1	70(b)(1)(A)(v).				
7	X	An organizat	tion that normally	receives a substantia 1)(A)(vi). (Complete Pa	part of its					rom the g	eneral p	ublic	
8	П			in section 170(b)(1)(A		nplete Par	rt (I)						
9		An organizat receipts from support from	tion that normally n activities relate i gross investme	receives (1) more that d to its exempt function in income and unrelate after June 30, 1975 S	an 33 1/3% ns—subjected busines	6 of its sup ct to certai s taxable	oport from in excepti income (le	ons, and e	(2) no moi on 511 tax	re than 33	3 1/3% o	f its	5
10		An organizat	ion organized ar	nd operated exclusively	to test fo	r public sa	ifety See	section 5	509(a)(4).				
11 e		purposes of 509(a)(3). Cla Type By checking persons other	one or more pub heck the box tha I b T this box, I certify	that the organization in managers and other	eations des supporting III–Funct is not cont	scribed in g organizationally inte trolled dire	section 50 ation and o egrated ectly or inc	09(a)(1) ocomplete d	or section of lines 11e Type III–No one or m	509(a)(2) through 1 on-functio ore disqua	See se 1h nally int alified	egrate	d
f				written determination	from the II	DS that it i	is a Type	I Type II	or Type II	Leunnorti	na		
g		organization Since Augus	, check this box it 17, 2006, has t	the organization accept						i supporti	rig		
		following per		or indirectly controls, e	ther alone	or togeth	or with no	ereone de	ecribed in	/u\		Yes	No
				erning body of the sup				ersons de	scribed in	(11)	11g(i)	168	NO
		-	•	person described in (i)	-	garnization.					11g(ii)		
			•	y of a person described		ıı) above?					11g(iii)		
h				tion about the support									
(i)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ col (i)	ou notify nization in of your port?	organiza (i) organ	Is the tion in col ized in the S?	(viı) Am	ount of mo support	onetary
					Yes	No	Yes	No	Yes	No]		
(A)]										
										ļ	ļ		
(B)											<u> </u>		
(C)													
(D)												<u></u>	
(E)													
Total			x +		, ¢	∜ √,	>	· *	\$ \$ \$	** *			

instructions

Par	(Complete only if you checked the						
	Part III If the organization fails to				•		undei
Sect	tion A. Public Support	quality under	the tests hate	d below, piec	ige complete	i die iii j	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and		,				
-	membership fees received (Do not						
	include any "unusual grants ") .	454,979	155,516	339,819	108,032	359,976	1,418,322
2	Tax revenues levied for the organization's					<u> </u>	, , , , , , , , ,
	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.	454,979	155,516	339,819	108,032	359,976	1,418,322
5	The portion of total contributions by each	17	NAMES OF THE STATE OF	40 ini			
	person (other than a governmental unit		د ، پ	×	× × × × × × × × × × × × × × × × × × ×		
	or publicly supported organization)		- 10 N 12 N 2 N	1222.33365		E CONTRACTOR	
	included on line 1 that exceeds 2%	# W.			8.8%) \		
	of the amount shown on line 11,						
	column (f)	24.25 A. A. A. A. A. A. A. A. A. A. A. A. A.	· 4 4-11.3 sc	*:		9	
6	Public support. Subtract line 5 from line 4	\$., sp. 4 84.3	્રેક હેં હ	3 3 3 3		1,418,322
	tion B. Total Support	T (=) 0000	(I-) 0000	(-) 0040	(-1) 0044	(-) 0040	(6) T-1-1
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	454,979	155,516	339,819	108,032	359,976	1,418,322
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	ì					
	activities, whether or not the business is	İ					0
40	regularly carried on						0
10	Other income Do not include gain or						
	loss from the sale of capital assets						0
44	(Explain in Part IV) Total support. Add lines 7 through 10	3.2.2.2.2.2.2.2	· • • • • • • • • • • • • • • • • • • •	CARTE W W	18. 18-18- 18 1 july	*****	1,418,322
11	Gross receipts from related activities, etc. (s.	igit of the contraction of the c			,	12	1,410,322
12 13	First five years. If the Form 990 is for the or		t second third	fourth or fifth	tay yaar as a s		
13	organization, check this box and stop here	yanızation s ins	t, second, tima,	Tourti, or man	lax year as a se	30 1(C)(3)	▶□
0		4 Danaantana				<u> </u>	
	tion C. Computation of Public Suppor		d by line 11 ac	lump (6)		44	100 00%
14	Public support percentage for 2012 (line 6, c Public support percentage from 2011 Sched			iumin (i)) .		14 15	0 00%
15 16a	33 1/3% support test—2012. If the organiza			ne 13 and line	14 16 33 1/3%		
104	and stop here . The organization qualifies as				14 18 33 1/3/0	or more, check i	▶ X
b	33 1/3% support test—2011. If the organization				1 line 15 is 33 1	/3% or more ch	eck this
D	box and stop here . The organization qualifie				111111111111111111111111111111111111111	7570 01 111010, 01	
4	•				12 160 01 161	h and line 44	
17a	10%-facts-and-circumstances test—2012. is 10% or more, and if the organization meet						n
	Part IV how the organization meets the "fact						
	•	s-anu-chcumsta	inces test the	organization q	uailles as a pu	oncry supported	⊾ □
L	organization	If the organizati	on did not chec	ek a hov on line	13 16a 16h 4	or 17a, and line	▶
b	15 is 10% or more, and if the organization m						ain in
	Part IV how the organization meets the "fact					-	201 (1)
	supported organization	o-ana-on oumsta	inces test THE	organization q	aames as a pu	Diloly	▶ □
40	Private foundation. If the organization did n	ot chack a bay	on line 12 16a	16h 17a ar 1	7h chack this h	ov and see	
18	Frivate loundation. If the organization the fi	iol criech a box (on mic 10, 10d,	100, 17a, 01 l	, D, CHECK IIIS D	~~ ailu 366	

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.)

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished					ĺ	
	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						0
•	furnished by a governmental unit to the					ľ	
	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
С	Add lines 7a and 7b	0	0		0	0	0
8	Public support (Subtract line 7c from		* 1. Z 3	D.M. K. I		2.35	
•	line 6)		沙沙科	49-49-49-4			0
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	o	o	o	0	0	0
10a	Gross income from interest, dividends,					- 1	
	payments received on securities loans,						
	rents, royalties and income from similar sources			<u> </u>			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	ation's first, secor	nd, third, fourth, o	or fifth tax year as	s a section 501(c	:)(3)	. \square
	organization, check this box and stop here.		•		·		<u> </u>
	tion C. Computation of Public Support		40 (0)			45	0.000/
15	Public support percentage for 2012 (line 8, column		e 13, column (t))	•		15 16	0 00%
16 Soc	Public support percentage from 2011 Schedule A, I tion D. Computation of Investment Inco		200		•	10	000%
<u>3ec</u> 17	Investment income percentage for 2012 (line 10c, o			mn (fl)		17	0 00%
18	Investment income percentage from 2011 Schedule		-	(1))	•	18	0 00%
19a	33 1/3% support tests—2012. If the organization			and line 15 is mo	ا 1/3% ore than 33		0.0070
-	not more than 33 1/3%, check this box and stop he						▶ 🔲
b	33 1/3% support tests—2011. If the organization	did not check a b	oox 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 an	d stop here. The	e organization qu	ualifies as a publi	cly supported or	ganızatıon	▶Щ
20	Private foundation. If the organization did not che	ck a box on line	14, 19a, or 19b,	check this box ar	nd see instruction	ns	▶

	n 990 or 990-E2) 2012 Community Alliance of Tenants	31-15/1929 Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any additional	
	instructions).	
		~
	•	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

• S	Section 501(c)(4), (5), or (6) o	rganizations Complete Part III				·	
	e of organization				Employer	identification nu	mber
Com	nmunity Alliance of Tenants	.				31-1571929	
Pai	rt I-A Complete if t	he organization is exempt und	er section 501	c) or is a sectio	n 527 o	rganization.	
1	Provide a description of the	he organization's direct and indirect p	olitical campaign a	activities in Part IV			
2	Political expenditures	•	•		▶ \$		
3	Volunteer hours						
Pa		he organization is exempt und					
1	•	excise tax incurred by the organizatio			▶ \$	· · · · · · · · · · · · · · · · · · ·	· -
2	•	excise tax incurred by organization m	_		▶ \$	<u></u>	. <u></u>
3	If the organization incurre	ed a section 4955 tax, did it file Form	4720 for this year?	>		Yes	X No
4a	Was a correction made?					Yes	X No
b	If "Yes," describe in Part I						
Pa	rt I-C Complete if t	he organization is exempt und	er section 501	c), except secti	on 501(d	c)(3).	
1	Enter the amount directly	expended by the filing organization f	or section 527 exe	empt function			
	activities	•			▶ \$		
2			to other organizati	ons			
	· ·				▶ \$		
3	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Yes No						
					▶ \$		<u> </u>
4	Did the filing organization file Form 1120-POL for this year? Yes No						
5		ses and employer identification numb ents For each organization listed, en					
		ents. For each organization listed, en ntributions received that were prompt					
		fund or a political action committee					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid to filing organization funds If none, ente	rom n's	(e) Amount of p contributions rece promptly and d	olitical ived and irectly
						delivered to a se political organiza none, enter	ation If
(1)							
(2)							· <u></u>
(3)							
(4)							
(5)			,				
(6)							

P	cart II-A Complete if the organization under section 501(h)).	n is exempt under section 501(c)(3) and file	d Form 5768 (ele	ction
A B	name, address, EIN, expe	longs to an affiliated group (and list in Part IV onses, and share of excess lobbying expenditurecked box A and "limited control" provisions approximately and the control of the control	res).	up member's
	Limits on Lobb (The term "expenditures" mo	ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence pub	lic opinion (grass roots lobbying)	5,455	C
þ	Total lobbying expenditures to influence a le	gislative body (direct lobbying)	3,235	C
С	Total lobbying expenditures (add lines 1a an		8,690	O
d	Other exempt purpose expenditures		284,197	0
е	Total exempt purpose expenditures (add line	s 1c and 1d)	292,887	C
f	Lobbying nontaxable amount Enter the amount	unt from the following table in both		
	columns.	•	58,577	0
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	6 3 6	Å, « ;
	Not over \$500,000	20% of the amount on line 1e		*
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		*
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		* * * *
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	1 × ×	3 % · · · · · · · · · · · · · ·
	Over \$17,000,000	\$1,000,000		\$ \$** \$ \$*
g	Grassroots nontaxable amount (enter 25% of	of line 1f).	14,644	C
h	Subtract line 1g from line 1a If zero or less,	enter -0-	0	C
j	Subtract line 1f from line 1c If zero or less,	enter -0-	0	C
j	· · · · · · · · · · · · · · · · · · ·	er line 1h or line 1i, did the organization file Form 472	0 reporting	
•	section 4911 tax for this year?			Yes No
			<u></u>	

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total			
 2a	Lobbying nontaxable amount	58,952	55,546	58,473	58,577	231,548			
b	Lobbying ceiling amount (150% of line 2a, column(e))					347,322			
С	Total lobbying expenditures	3,152	8,486	3,288	8,690	23,616			
d	Grassroots nontaxable amount	14,738	13,887	14,618	14,644	57,887			
_e	Grassroots ceiling amount (150% of line 2d, column (e))			* ** *** ***		86,831			
f	Grassroots lobbying expenditures	2,326	3,359	2,289	0	7,974			

Schedule C (Form 990 or 990-EZ) 2012

Part II-B

	(election under section 501(h)).					
For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(6	a)	<u> </u>	(b)	
	e lobbying activity	Yes	No	A	mount	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local			And the second	, *	
	legislation, including any attempt to influence public opinion on a legislative matter or			1 3 :	* *55	
	referendum, through the use of		er er C		18. Y,	. ,
а	Volunteers? .				<i>)</i>	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	<u> </u>		* . * -	<u> </u>	
С	Media advertisements?	<u> </u>		<u> </u>		
d	Mailings to members, legislators, or the public?			<u> </u>		
е	Publications, or published or broadcast statements?					
t	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
!	Other activities?	30.74		-		
J	Total Add lines 1c through 1i.	<i>i</i> k 2				0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912	670.2	7	N		4, 4
b	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			-		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?) P W		1 * 1	, š	-
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	OF S	77 / 1	5 <i>0</i> 00	
r ai	501(c)(6).	(6)(3)	, or s	CCIION		
	301(0)(0).	•			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	ors	ection		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"	OR (I) Pai	rt III-A	, line	3, is
	answered "Yes."					
1	Dues, assessments and similar amounts from members .		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of			ł		
	political expenses for which the section 527(f) tax was paid).		党 征			
а	Current year		2a	<u> </u>		
b	Carryover from last year .		2b	<u> </u>		
С	Total		2c			0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			1		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?			1		
-			5			0
5 Part	Taxable amount of lobbying and political expenditures (see instructions) IV Supplemental Information		<u> </u>	<u> </u>		
	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Par	rt II_A /	affiliat	ed arou	<u></u>	
	Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information	16 11-24 (allilla	eu giot	'P	
nsty,	art n=A, mile 2, and 1 art n B, mile 1 7 also, complete and part to any additional mile matter.					

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

Comi	munity Alliance of Tenants	31-1571929
	orm 990 or 990-EZ) 2012	Page 4
Part IV	Supplemental Information (continued)	

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. See separate instructions.

Name of the organization **Employer Identification number** Community Alliance of Tenants 31-1571929 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?. Yes Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year а Total number of conservation easements 2a Total acreage restricted by conservation easements 2b b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 during the tax year Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 8 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X.

Schedule D (Form 990) 2012	Community	v Alliance	of '	Tenants

31-1571929

Page 2

Part	Organizations Maintaining C	ollections of A	<u> Art, Hist</u>	<u>orical Tr</u>	easures, o	<u>r Other</u>	Similar Asset	t s (con	tınued	d)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant									
	use of its collection items (check all that a	pply)								
а	Public exhibition		d <u>.</u>	Loan	or exchange _l	programs	5			
b	Scholarly research		е 🗌	Other						
С	Preservation for future generations									
4	Provide a description of the organization's Part XIII	collections and	explain h	ow they fu	urther the orga	anızatıon	's exempt purpo	se ın		
5	During the year, did the organization solic assets to be sold to raise funds rather tha							☐ Ye	s 🗀	No
Part										
	IV, line 9, or reported an amoun	_	•	•	iization and	WC, Cu	100 101 01111 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1a	Is the organization an agent, trustee, cust				ributions or of	her asse	ets not			
	included on Form 990, Part X?							☐ Ye	s 🗀	No
b	If "Yes," explain the arrangement in Part X	(III and complete	the follov	ving table					~	
		•		J			A	mount		
С	Beginning balance					1c				
d	Additions during the year .					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				0
2a	Did the organization include an amount or	n Form 990, Part	X, line 2	17.				Ye	s X	No
b	If "Yes," explain the arrangement in Part X	(III Check here i	f the expl	anation ha	as been provi	ded in Pa	art XIII			
Part		· · · · · · · · · · · · · · · · · · ·								
		(a) Current year		or year	(c) Two years		d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance					· · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u> </u>		_
b	Contributions .									
С	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs						,	<u> </u>		
f	Administrative expenses							<u> </u>		
g	End of year balance	0		0		0	C	<u> 1</u>		0
2	Provide the estimated percentage of the o	current year end	-	line 1g, co	olumn (a)) hel	d as				
a	Board designated or quasi-endowment	•	%							
b	Permanent endowment	<u>%</u>								
С	Temporarily restricted endowment	%	1/							
3a	The percentages in lines 2a, 2b, and 2c s Are there endowment funds not in the pos	•		n that are	hold and adr	ministoro	d for the			
Ja	organization by	session of the of	i gariizatio	in that are	neid and adi	in notere	u ioi tile	ſ	Yes	No
	(i) unrelated organizations							3a(i)	163	110
	(ii) related organizations	• •			•			3a(ii)		
b	If "Yes" to 3a(ii), are the related organizati	ons listed as req	uired on	Schedule	R?			3b		
4	Describe in Part XIII the intended uses of									
Part										
	Description of property	(a) Cost or oth	ner basis	(b) Co	st or other s (other)		ccumulated preciation	(d) Bo	ok value	
1a	Land		0		0	*	· ·			
b	Buildings .		0		0		0			0
c	Leasehold improvements		0		0		0			0
d	Equipment		0		5,952		5,439			513
е	Other	_1	0		4,650		4,650			0
Total.	Add lines 1a through 1e (Column (d) mus	st equal Form 99	0, Part X,	column (L	B), line 10(c))	. •			513

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Total (Column (b) must equal Form 990, Part X, col (B) line 25)

 Total revenu Amounts ind Net unrealiz Donated sei 	econciliation of Revenue per Audited Financial Statemer, gains, and other support per audited financial statements cluded on line 1 but not on Form 990, Part VIII, line 12 ed gains on investments vices and use of facilities of prior year grants virbe in Part XIII)	2a 2b 2c	enue per Return	
2 Amounts inca Net unrealizb Donated sei	cluded on line 1 but not on Form 990, Part VIII, line 12 ed gains on investments vices and use of facilities of prior year grants tribe in Part XIII)	2b	1	
a Net unrealizb Donated sei	ed gains on investments vices and use of facilities of prior year grants ribe in Part XIII)	2b	West Water	
b Donated ser	vices and use of facilities of prior year grants ribe in Part XIII)	2b		
	of prior year grants			
	ribe in Part XIII)	2c		
c Recoveries	·			
d Other (Desc		2d		
e Add lines 2a	through 2d	•	2e	0
3 Subtract line	e 2e from line 1		3	0
4 Amounts inc	cluded on Form 990, Part VIII, line 12, but not on line 1		8.59 ±	
a Investment	expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Desc	ribe in Part XIII)	4b		
c Add lines 4a	and 4b		4c	0
5 Total revenu	e Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	0
	econciliation of Expenses per Audited Financial Stater		enses per Return	
	ses and losses per audited financial statements		1	
•	sluded on line 1 but not on Form 990, Part IX, line 25			_
	vices and use of facilities	2a		
b Prior year a		2b		
c Other losses	•	2c		
	ribe in Part XIII)	2d		
e Add lines 2a	·		2e	0
	e 2e from line 1		3	
	cluded on Form 990, Part IX, line 25, but not on line 1:	1 1		
	expenses not included on Form 990, Part VIII, line 7b	4a		
	ribe in Part XIII)	4b	<u> </u>	
c Add lines 4a	·	10	4c	0
	ses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	0
	upplemental Information			
	to provide the descriptions required for Part II, lines 3, 5, and 9, and 9, and	ort III. linns 10 and	4 Port IV lines 1h and 1	
	X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Al		•	20,
additional informat	I.	iso wiribiete triis p	art to provide any	
additional imorniat	ION			
	· · · · · · · · · · · · · · · · · · ·			
		+		
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Schedule D (Form 990) 2012	Community Alliance of Tenants	31-1571929	Page 5
Part XIII Supr	plemental Information (continued)		
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047
2012

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

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number
Community Alliance of Tenants	31-1571929
Form 990 Part VI Line 11b Organization's process to review Form 990-The external CPA prepares	
Total coot art vi Line Tib Organization's process to review Form 350-The external Of A prepares	
the Form 990 and supplemental schedules and forwards a draft to the Executive Director for	
review Once the return is apporved, the return is finalized and filed. Board members may also	
review the form. All Board members receive a copy after review	
Form 990 Part VI Line 19 Documents are made available to the public upon request	
	*

Schedule @ (Form 990 or 990-EZ) (2012)		Page 2
Name of the organization	Employer identification number	
Community Alliance of Tenants	31-1571929	
		
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