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### Form 990

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

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

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

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alins	Dec	tio	188	•
- LESSO	100	A71.54	A	

<u>A</u>	For the	2014 calend	lar year, or tax year begin	ning	07-01	L , 2014, and er	nding	06-30	, 2015
В	Check if a	pplicable	C Name of organization Comm	unity Alliance o	of Tenants			D Er	mployer identification no.
	Address c	hance	Doing business as					31-	1571929
$\overline{\Box}$	Name cha	•		av if mail to not delivered to	atract address)		Room/suite		elephone number
$\overline{\Box}$		•	Number and street (or P O. bo		street address)		Room/suite	E 16	septione number
$\overline{\Box}$	Initial retu		2710 NE 14th Ave	···-·	<del></del>				<del></del>
H	Final retui	m/terminated	City or town, state or province	, country, and ZIP or foreig	n postal code			ŀ	459,095
님	Amended	return	Portland, OR 972:	12			·	<b>G</b> G	ross receipts\$
Ш	Applicatio	n pending	F Name and address of principal	l officer			H(a) Isthisagn	our return fo	. – –
							subordinat	es?	' ∐ Yes 💹 No
1	Tax-exem	pt status 🛚 🗓	501(c)(3) 501(c) (	) ◀ (insert no )	4947(a)(1) or 5	27	H(b) Are all sub	ordinates inc	luded? Yes No
j	Website:		.oregoncat.org				H(c) Group exe	," attach a lìs mption numb	st. (see instructions)
ĸ	Form of o	rganization: X		ociation Other	L	Year of formation 1		of legal dom:	
	rt/I	Summar					1		
	1		be the organization's mission	n or most significant a	ctivation: To or	duanto tonanto	on their ri		· · ·
	1.	bhelly descri	ibe the organizations mission	ii oi iiiosi signiiicanii a	Cuviues. 10 ec	ducate tenants	on their ri	jues.	·
8			<del></del>	<del></del>	<del></del>	<del></del>			
2016 Activities & Governance						<del> </del>			
Ē						<del></del>			
Š	2	Check this bo	ox 🕨 📙 if the organization	discontinued its opera	ations or disposed of n	nore than 25% of it	s net assets.		
<u>ن</u>	3	Number of vo	oting members of the govern	ing body (Part VI, line	:1a)			3	7
ş	4	Number of in	dependent voting members	of the governing body	(Part VI, line 1b)			4	7
ŧ	5	Total number	r of individuals employed in	calendar vear 2014 (P	art V. line 2a)			5	12
妄	6		r of volunteers (estimate if no	•				6	125
Š	7a		ed business revenue from P	= =	no 12			7a	0
筹	- 1							7b	
H	1 5	iver unrelated	d business taxable income fr	om Form 990-1, line	34	····		<b>7</b> 6	<u>_</u>
~						<u> </u>	Prior Year		Current Year
<del>-</del>	8	Contributions	3,079	452,768					
œŽ.	9	Program ser	7,272	6,327					
اق	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)							0
<b>E</b>	11	Other revenu	ue (Part VIII, column (A), line	s 5, 6d, 8c, 9c, 10c, a	nd 11e)	[			0
	12	Total revenue	e - add lines 8 through 11 (n	nust equal Part VIII, co	olumn (A), line 12)	[	25	7,351	459,095
Z	13		similar amounts paid (Part IX						0
Z	14		to or for members (Part IX,	· ·			<del>.</del>		0
Ķ	15		er compensation, employee				281	5,465	336,466
8	160			•	iiiii (A), iiies 5-10)	• • • • • • • • • • • • • • • • • • • •		,,403	330,400
eng.	16a		fundraising fees (Part IX, co	• • • • • • • • • • • • • • • • • • • •				<del></del>	
Expense CANNEDREVERILLA	b		sing expenses (Part IX, colu		63 t = 13 t m [ ]	13,304			
ш	1		ses (Part IX, column (A), line			<u>.:</u>   -		0,201	94,049
	18		ses. Add lines 13-17 (must e		(A), line 25)	ऱ}····⊦	36!	5,666	430,515
	19	Revenue les	s expenses. Subtract line 1			31	(10)	3,315)	28,580
5	}			ल असा	V 2 1 2010 1	ر آرا	Beginning of Curren	t Year	End of Year
Net Assets or	20	Total assets	(Part X, line 16)	. <u>L</u>		٤¦٠٠٠٠٠[	89	9,188	133,818
¥.	21	Total habilitie	s (Part X, line 26)	<u> </u>	DEN TITE	<del>-</del> ] [	54	1,203	70,253
Ž	22	Net assets of	r fund balances. Subtract lir		<u> </u>	┯	34	1,985	63,565
Pa	rtal:	Signatu	re Block	<del></del>	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
			lare that I have examined this retur	n, Including accompanying	schedules and statements	s, and to the best of my	knowledge and belief,	rt is	<del></del>
true,	correct, ar	nd complete Dec	daration of preparer (other than offi	_/		any knowledge.		<del>/-</del> -	
		June	in Buri	1 11.0				11/10	U 1 75
Sig	n		re of officer			<del></del>		Date (	<del>                                     </del>
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He	e		in Buri, Executive D	lrector					· · · · · · · · · · · · · · · · · · ·
		Type or	print name and title	T		T	T 25	<del></del>	· · · · · · · · · · · · · · · · · · ·
		Print/Type pri	eparer's name	Managrafia P.P. Whiter,	Digitally signed by Marshall J. Miller CPA DN: cn=Marshall J. Miller CPA, o=d/fa/a	Date	Check 🛚	if PTIN	
Pai	d	Marshal	l J Miller	CPA	TernComp, Inc., ou, emailmentary1201@comcast.net, c=US	12-22-2015	self-employ	ed P	01200696
Pre	parer	Firm's name	Marshall	J Miller CPA db	a TemComp		Firm's EIN		
Us	Only	Firm's addres	ss 3414 NW V	aughn St			Phone no		
	•		Portland	•			ł	03-984-4	1689
May	the IRS	discuss this r	return with the preparer show		ctions)				. X Yes No
_			on Act Notice, see the ser		<del></del>	<u> </u>		<u> </u>	Form <b>990</b> (2014)
	. apoin				( ) \				FUIH 330 (2014)

	n 990 (2014) Community Alliance of Tenants 31-157192	9 Page 2
Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Bnefly describe the organization's mission.	
	To educate tenants on their rights.	
2	Did the organization undertake any significant program services during the year which were not listed on the	П
	prior Form 990 or 990-EZ?	s x No
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	s x No
		S IXINO
	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.	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 121,288 including grants of \$ ) (Revenue \$	
74	Safe Housing Project and Leadership Development (SHP/LD)-Community Alliance of Tenants (CAT)	
	organizers and volunteers have organized and built the leadership of 385 tenant leaders in	
	Portland. Renters were experiencing issues ranging from no heat, mold, broken locks, mice,	<del></del>
	roaches, broken kitchen appliances, and interior water damage. They also experienced issues	
	related to fair housing and displacement, including discrimination, language and cultural	<del></del>
	barriers. They have been working with groups that are historically under represented; refugee	······································
	communities that speak Nepali, Burmese, Zomi and Karen. Tenants worked together to write	
	collective letters, learn about their rights and develop their skills and leadership within	
	their own communities.	
4b	(Code:) (Expenses \$121,079 including grants of \$) (Revenue \$	)
	Tenant Education Program (TEP)-The Renters' Rights Hotline served over 2500 tenant callers,	
	getting much needed information to callers in crisis, on how to best self-advocate for their	
	rights. The TEP also is responsible for educational outreach in the community, giving renters	
	rights presentations to at risk renters who benefit greatly from understanding their rights	<del></del>
	and responsibilities as renters. In 2014 CAT through EP has given 21 community presentations	<del></del>
	and educational information to over 430 renters in Portland, East Multnomah County and	
	Washington County. Additionally, we have given 3 landlord/tenant law trainings to volunteers	
	so that they have the ability to answer calls on the hotline. Trained over 58 English and/or	<del></del>
	Spanish speaking volunteers on the hotline. We started new programs, to help tenants write	······································
	letters to their landlord, and to support tenants with an evictions court date. The highest	
	call trends were eviction, repairs, and non payment of rent.	<del></del>
4c	(Code: ) (Expenses \$ 90,128 including grants of \$ ) (Revenue \$	
40	Housing Justice Program (HJP)-In collaboration with JOIN, StreetRoots, Oregon Food Bank,	······································
	Oregon Opportunity Network, and the Coalition of Communities of Color, CAT launched the	
	hugely successful Welcome Rome Coalition, to build a housing justice movement and advocate	
	for new affordable housing revenue on metro Portland. CAT is a member of the statewide	
	Housing Alliance. 2014 was a year to organize for Housing Opportunity Agenda, and we won \$8	<del></del>
	million in increased Landlord-Tenant Coalition. CAT successfully negotiated with landlords to	<del></del> -
	require more transparency and accountability for landlords who bill tenants for utilities.	<del></del>
		<del></del>
		<del></del>
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
<b>4e</b>	Total program service expenses 332,495	

		1990 (2014) Community Alliance of Tenants 31-157192	9	P	age 3
L	aı	rt IV Checklist of Required Schedules		<del></del>	
_		To the control of the state of		Yes	No
1		Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2		complete Schedule A	_1_	X	<u></u>
2 3		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	_	ν,	
4		candidates for public office? If "Yes," complete Schedule C, Part I	3	X	<del> </del>
-		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		v	
5			4	X	<del> </del> -
•		Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C.			
		Part III	_		
6			5		ļ
u		Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			ļ
					<sub>v</sub>
7		"Yes," complete Schedule D, Part I	6	<del> </del>	X
•		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	,		x
8		Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7	<del></del> -	
Ü				1	٠,
9		complete Schedule D, Part III	8	<del>                                     </del>	X
9		•			ļ
		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	_		
10		Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		X
		endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	40		Х
11		If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		^
• •		VII, VIII, IX, or X as applicable.		Ì	
		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	11a	<u> </u>	<del>                                     </del>
	_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	ľ	Х
	c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	עוו	<del></del>	
	•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	110		^
	_	reported in Part X, line 16? If "Yes," complete Schedule D. Part IX	11d	İ	х
	e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
		Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<del> </del>
		the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12	а		<del></del>		<del> </del>
		Schedule D, Parts XI and XII	12a		Х
	b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	<u> </u>		<del></del> -
		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	<del>                                     </del>	X
14	а	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<b></b>	X
	b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		1	T
		fundraising, business, investment, and program service activities outside the United States, or aggregate			
		foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15		Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
		for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16		Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	<u> </u>	1	1
		assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17		Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		ļ	
		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	<u> </u>		Ι
		Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19		Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		<u> </u>	
		If "Yes," complete Schedule G, Part III	19		Х
20	а	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 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 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 Χ through 24d and complete Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Χ 25a 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? Χ 25b 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 "Yes," complete Schedule L, Part II 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 X entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х 28b 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 X 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M Х 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Χ 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Х 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Χ 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 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, X 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and X 38

гаг				$\Box$
	Check if Schedule O contains a response or note to any line in this Part V		• • •	<u>LL</u>
4	Fitting 1 1 1 2 2 5 5 1000 5 1 2 1000 5 1 2 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1	- 1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	İ		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 12			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time dunng the calendar year, did the organization have an interest in, or a signature or other authority	1	İ	
	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:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	1		
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	- 1	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6ь	[	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		- 1	
	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		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			<del></del>
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Omercian della di internationale di internationa			İ
	Gross income from members or shareholders			
•				
l2a	*	420		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	ĺ		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40	-	<b> </b> -
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del> </del>
L	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	İ		
	the organization is licensed to issue qualified health plans			l
C	Enter the amount of reserves on hand			1,
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<b></b>	X
_ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u>L</u>

Community Alliance of Tenants

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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.  $\square$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 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. Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Χ 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? Х 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? Χ 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a Each committee with authority to act on behalf of the governing body? X 8Ь 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 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? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 14 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? The organization's CEO, Executive Director, or top management official 15a Χ Other officers or key employees of the organization 15b 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 X with a taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website ☑ Upon request 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, address, and telephone number of the person who possesses the organization's books and records Justin Buri (503) 280-5401, 2710 NE 14th Avenue, Portland, OR 97212

	$\Delta \Delta \Delta$	(2014)	
rom.	MMI I	<i>( )</i> ( ) ] <u> </u>	

Community Alliance of Tenants

31-1571929

age 7

# 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

25 Onest the box in total of the organization for they related to		J.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					.,,,,,,,	.,		
		(C)								
(A)	(B)		Position				(D)	(E)	(F)	
Name and Title						han one		Reportable	Reportable	Estimated
Maine and tine	Average hours per					s both a r/trustee		compensation	compensation from	amount of
	week (list any	O III	281 231	u a u	recto	i/uust <del>ae</del>	"	from	other	
	hours for	<u> </u>				1		the	organizations	compensation
	related	유립	İnst	Officer	ş	3.5	Forme	organization	(W-2/1099-MISC)	from the
•	organizations	9 8	喜	9	9	oy ies	펄	(W-2/1099-MISC)		organization
	below dotted	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	1		į	and related organizations
	( inter	l ist	2		99	npe	:			Organizations
	1	8	🚆			nsa				
	1	l	ا ًا			ed l				
		ļ								
	L	<u> </u>	L				<u> </u>			
(1) Steve Weiss	4.00	ĺ					1	į		
President	F	X		1			1	Ì	0	o
(2) Deborah Olson	2.00									
Director	<del></del> -	Х	1				i	ا ا	0	o
	<del> </del>					-	<del> </del>		· · · · · · · · · · · · · · · · · · ·	<del></del>
(3) Joe De Luna Sr	2.00	١	1							
Director	ļ	X					<u> </u>		0	0
(4) Eavan Moore	2.00				1		Į.			
Director	ł .	Х						C	0	0
(5) Erica Borman	4.00									
Vice President		X							0	0
(6) Andrew Riley	4.00									
Secretary		Х								0
/7) Tine Deiler	4.00				-	<b></b>	<del>                                     </del>			<del></del>
Assistant Secretary		Х		<b>!</b>			1	١ ,		
	<del>                                     </del>	<del>  ^-</del>		-			⊢	-	1	ļ
(8) Justin Buri	40.00			l	١,,					
Executive Director	ļ			<u> </u>	X		<u> </u>	39,736	0	0
(9)	L						1		ļ	1
		ŀ				İ	l			l
(10)		T								
*	<b> </b>		l				1			
<u>(11)</u>				-			-	<u> </u>		
7.7.				ļ	1					ĺ
		<u> </u>	<b> </b>	-			<u> </u>	···	<u> </u>	
(12)	L		İ		:		ļ	ļ		
	1		<u>L</u>	$ldsymbol{ld}}}}}}$	<u> </u>			ļ		
(13)	1					1				
	F		1				1			
(14)	1			Ι		T	T	1		
<b>*</b>	<b> </b>	1		1	ł	1				

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Part VII   Section A. Officers, Directors, Trusto		yees,	and	Hig (C Posi	;}	t Com	pen					<del></del>
(A) Name and title	(B) Average hours per	box,	unless	ck m	ore th	nan one both an (trustee)		(D) Reportable compensation	(E) Reportable compensation from			
	week (list any hours for related organizations below dotted line)	Individual trustae or director			Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	retated organizations (W-2/1099-MISC)	tr org an	other pensati om the anizatio d relate anizatio	e on ed
(15)												
(16)		ļ <u>.</u>						<u> </u>				
(17)									,			
(18)												<del></del>
(19)												
[20]												
[21)												
[22]										ļ		
(23)								<del></del>				
(24)												
(25)												
1b Sub-total	ction A						<b>&gt;</b>	39,736				0
Total number of individuals (including but not limit reportable compensation from the organization								L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0	i		
3 Did the organization list any former officer, dire	ector, or trustee,	kev e	nplo	vee.	or	highes	t co	mpensated			Yes	No
employee on line 1a? If "Yes," complete Schedule 4 For any individual listed on line 1a, is the sum of n								n from the	• • • • • • • •	3		X
organization and related organizations greater that	ın \$150,000? If "	Yes," a	ompl	lete S	Sche	dule J	fors	such		4		X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes,	compensation fr	om any	unr	elate	d o	ganiza	ition	or individual		5		X
Section B. Independent Contractors	complete care	duic 0 i	01 30	2011	7013							1.41
1 Complete this table for your five highest compens compensation from the organization. Report compensation												
(A) Name and business add	race							(B) Description of			(C) ensatio	
Treate and business add								Description of		COM	IDEU	J.1
										···		
	***************************************					<del></del>						
2 Total number of independent contractors (including received more than \$100,000 of compensation from the c	-		e list •	ed a	bov	e) who						

		Check if Schedule O contains a response or n	ote to any line in this F	Part VIII	<u> </u>		<u></u>
f 1				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
হ হ	1a	Federated campaigns 1	3				
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues	6,220				
وَي	C	Fundraising events					]
ar /	d	Related organizations 10	4	<u> </u>			
ê. G.∰	е	Government grants (contributions) 10	248,536				
<u>e</u>	f	All other contributions, gifts, grants,					
the the		and similar amounts not included above	195,706	. 1			
돌	g	Noncash contributions included in lines 1a-1f \$	•		1		
0 E	h	Total. Add lines 1a-1f		452,768			
			Business Code				
ž.	2a	Fee for Services	900099	6,327	6,327		
Ze.	Ь						
<u>8</u>	C		)				
Sez	d						
Ë	e						
Program Service Revenue	f	All other program service revenue					
	g	Total. Add lines 2a-2f	· · · · · · · •	6,327			
	3	Investment income (including dividends, interest,					
		and other similar amounts)	▶				
	4	Income from investment of tax-exempt bond proc	eeds▶				
	5	Royalties	<u></u>			· ·- ·- ·- · · · · · · · · · · · · · ·	ļ
		(ı) Real	(ii) Personal				}
	6a	Gross rents					
	b	Less: rental expenses					}
	С	Rental income or (loss)					
	d	Net rental income or (loss)	<u></u>				
	7a	Gross amount from sales of (i) Securities	(II) Other		•		
		assets other than inventory					
	b	Less: cost or other basis					i
		and sales expenses				•	
	1	Gain or (loss)					
_		Net gain or (loss)	· <u></u>				
evenue	8a	Gross income from fundraising					}
946		events (not including \$ 2,306					}
		of contributions reported on line 1c).			:		1
Other R		See Part IV, line 18	a				
0		Less. direct expenses	ь L				
	1	Net income or (loss) from fundraising events	· <u> </u>				<del>                                     </del>
	9a	Gross income from garning activities.					1
		See Part IV, line 19	· · · · · · · · · · · · · · · · · · ·				
			b [				-
	C	Net income or (loss) from gaming activities .	·				
	10a	Gross sales of inventory, less	_				
		returns and allowances		1			
		Less cost of goods sold					<del></del>
	<del> </del>	Net income or (loss) from sales of inventory .			····		<del> </del>
	110	Miscellaneous Revenue	Business Code				<del> </del>
	b		-				+
	_				·		<del> </del>
	6	All other revenue					+
	1	Total. Add lines 11a-11d	<u> </u>		<del> </del>		-
	1	Total revenue. See instructions		459,095	6,327		0 0
	L:-		· · · · · · · · · · ·	1 433,033	0,321	L	- <sub>1</sub>

Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must complete all colur	nns. All other organization	ons must complete colun	nn (A).	
	Check if Schedule O contains a response or note to any	line in this Part IX			<u> </u>
Do г	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	39,736	32,602	5,717	1,417
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	229,604	187,848	33,135	8,621
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	41,051	34,951	4,853	1,247
10	Payroll taxes	26,075	21,055	4,080	940
11	Fees for services (non-employees)				-
а	Management				
b	Legal	5,833	5,833		
C	Accounting	10,424	1,520	8,847	57
đ	Lobbying				
e	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	17,309	6,512	10,459	338
12	Advertising and promotion				
13	Office expenses	15,061	9,897	4,927	237
14	Information technology				
15	Royalties				
16	Occupancy	7,040	6,497	455	88
17	Travel	2,939	2,758	111	70
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,389	1,458	1,866	65
20	Interest	1,390	610	756	24
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	600	486	96	18
23	Insurance	3,876		3,876	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column			ļ	
	(A) amount, list line 24e expenses on Schedule O.)			İ	
а	Telecommunications	7,946	5,022	2,868	56
b	Equipment Rental	1,758	1,758		
C	Miscellaneous	16,484	13,688	2,670	126
d		,	, , , , , , , , , , , , , , , , , , , ,	,	
e	All other expenses	<u> </u>			······································
25	Total functional expenses. Add lines 1 through 24e .	430,515	332,495	84,716	13,304
26	Joint costs. Complete this line only if the		, , , , , , , , , , , , , , , , , , , ,		<u></u>
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)		]		

**Balance Sheet** 

Part X

Page 11

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 1 16,880 12,186 2 2 Savings and temporary cash investments ......... 100 3 19,761 3 102,528 4 50,226 4 16,535 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . . . . . . . . . . . . . . 6 7 Notes and loans receivable, net 7 Assets Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges 1,387 2,135 10a Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 11,602 Less: accumulated depreciation . . . . . . . . . . . . 10b 10c 334 Investments - publicly traded securities ......... 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 15 15 16 89,188 16 133,818 17 17 Accounts payable and accrued expenses .......... 30,373 23,552 18 18 19 17,830 19 40,751 20 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, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 5,950 24 Unsecured notes and loans payable to unrelated third parties 6,000 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 70,253 26 54,203 Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 (6,868)27 23,459 28 41,853 28 40,106 29 complete lines 30 through 34. Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 33 34,985 33 63,565 34 89,188 34 133,818

Form	1990 (2014) Community Alliance of Tenants 3	L-1571	929	P	age 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		459,	095
2	Total expenses (must equal Part IX, column (A), line 25)	2		430,	515
3	Revenue less expenses. Subtract line 2 from line 1	3		28,	580
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		34,	985
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor penod adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			· · · · · · · · · · · · · · · · · · ·	
	33, column (B))	10		63,	565
Pai	rt XII Financial Statements and Reporting	•	· · · · · · · · · · · · · · · · · · ·		<del></del>
	Check if Schedule O contains a response or note to any line in this Part XII				
		<del></del>		Yes	No
1	Accounting method used to prepare the Form 990:   Cash Accrual Other			1	
	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?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			1	
	reviewed on a separate basis, consolidated basis, or both:			1	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	-	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:			1	
	Separate basis Consolidated basis Both consolidated and separate basis		1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			1	
	of 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		·   -		<u> </u>
	Schedule O.				1 }
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		ļ	1	†J
	the Single Audit Act and OMB Circular A-133?		За		Х
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		-   30	+	<del>  ^`</del>
-	mounted guide or guides, gyalain why in Schoolula O and describe any store to understand a video		Зь		1
EEA	required addit or addits, explain why in Scriedule O and describe any steps taken to undergo such addits			n 990	(2014)
			1 011	550	(#UIT)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

## **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2014

Open to Public Inspection

Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection					ction				
Name (	Employer Identification number								
Comm	uni	ty Alliance of Tenants					31-1571929	)	
Par	t 1	Reason for Public Charity	y Status (All or	ganizations must co	omplete 1	this part.	) See instructions	S	
The o	rgar	ization is not a private foundation becau	use it is: (For lines 1	through 11, check only or	ne box.)				
1		A church, convention of churches, or	association of chu	rches described in secti	on 170(b)	(1)(A)(i).			
2		A school described in section 170(b			` `				
3		A hospital or a cooperative hospital s		•	70(b)(1)(A	Miii).			
4	$\bar{\Box}$	A medical research organization ope					(1)(A)(iii). Enter the		
		hospital's name, city, and state:	natoa in conjuncto	ir mar a noophar occorb	00 111 0000	O O(D)	(T)(F)(III). Entor the		
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
•									
6	П	ction 170(b)(1)(A)(iv). (Complete Part II.) federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v)</b> .							
7	_								
•	Ш	An organization that normally receives			mental uni	or from the	e general public		
	П	described in section 170(b)(1)(A)(vi							
8	H	A community trust described in secti							
9	Ц	An organization that normally receives:							
		receipts from activities related to its exe	•	•	• •				
		support from gross investment income		•			businesses		
		acquired by the organization after Ju				-			
10	H	An organization organized and opera							
11	Ц	An organization organized and operate	ed exclusively for the	benefit of, to perform the	functions of	of, or to can	ry out the purposes of		
		one or more publicly supported organ						. Check	
		the box in lines 11a through 11d that de	escribes the type of	supporting organization a	nd complet	te lines 11e	, 11f, and 11g.		
	а	Type I. A supporting organization	n operated, supervi	ised, or controlled by its	supported	organizatı	on(s), typically by give	ing	
		the supported organization(s) the p	power to regularly ap	opoint or elect a majority o	f the direct	ors or truste	ees of the supporting		
		organization. You must comple	te Part IV, Section	s A and B.					
	b	Type II. A supporting organization	n supervised or co	ntrolled in connection wi	th its supp	orted orga	nization(s), by having	ľ	
		control or management of the supp							
		organization(s). You must comp					.,		
	c	☐ Type III functionally integrated	•		nection wi	th. and fur	nctionally integrated w	vith.	
		its supported organization(s) (see						,	
	d	☐ Type III non-functionally integr	•	•	-			on(s)	
	_	that is not functionally integrated. T						511(0)	
		requirement (see instructions). Y		•	•		an auchiveness		
	e	Check this box if the organization in					all Type III		
	•	functionally integrated, or Type III r				iype i, iyp	e II, Type III		
	£			grated supporting organiza	auori.			ſ	
	f ~	Enter the number of supported organiz			• • • • •	• • • • •	• • • • • • • • • •	(	
	<u>g</u>	Provide the following information about		· · · · · · · · · · · · · · · · · · ·	T		Г		
	(0)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) is the o	rganization ir governing	(v) Amount of monetary support (see	(vi) Amou other suppo	
				above or IRC section	docum		instructions)	instruction	
				(see instructions))		<del></del>			
					Yes	No			
(A)					ļ		1		
						<u> </u>			
(B)									
·									
(C)						1			
				<u></u> ,	<u> </u>				
(D)						1			
·~·						<u> </u>			
(E)									
(E)						<u> </u>	<u> </u>		
					1	1	I		

31-1571929

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	339,819	108,032	359,976	248,079	452,768	1,508,674
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	339,819	108,032	359,976	248,079	452,768	1,508,674
5	The portion of total contributions by						
	each person (other than a			j			
	governmental unit or publicly					İ	
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						219,309
6	Public support. Subtract line 5 from line 4						1,289,365
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	339,819	108,032	359,976	248,079	452,768	1,508,674
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						1,508,674
12	Gross receipts from related activities, etc. (see	e instructions)				12	<del></del>
13	First five years. If the Form 990 is for the organization, check this box and stop here						▶□
	tion C. Computation of Public Su			<del></del>	<del></del>	······	
14	Public support percentage for 2014 (line 6, co	.,	ne 11, column (f))	• • • • • •			85.46 %
15	Public support percentage from 2013 Schedu			• • • • • • • • • • • • • • • • • • •	,		00.00 %
16a	33 1/3% support test - 2014. If the organia						, G
	box and stop here. The organization qualif						▶ 🏻
D	33 1/3% support test - 2013. If the organiz						<b>,</b> [
4	check this box and stop here. The organiz					. <b></b>	• • • •
17a	10%-facts-and-circumstances test - 2014						
	10% or more, and if the organization meets					ı ın	
	Part VI how the organization meets the "facts		-	•			. □
	organization						▶ 🛚
b	10%-facts-and-circumstances test - 201:	•		-		iine	
	15 is 10% or more, and if the organization is				=		
	Explain in Part VI how the organization meets supported organization			•	, ,		▶ □
18	Private foundation. If the organization did					• • • • • • • • • •	· · · · · ·
	instructions						▶ □

		nity Allianc				31-157192	9 Page 3
Pa	st III Support Schedule for Org					11.5	
	(Complete only if you check If the organization fails to quantity						Part II.
Sec	ction A. Public Support	damy drider tr	ie lesis listed L	elow, please c	ompiete i ait ii	-/	<del></del>
	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
		· · · · · · · · · · · · · · · · · · ·		1 '		<u> </u>	
1	Gifts, grants, contributions, and membership fees				}		
_	received. (Do not include any "unusual grants.")		<del></del>	<del> </del>			<del> </del>
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						
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b			1			
8	Public support (Subtract line 7c from						
800	tion B. Total Support		<u>. I</u>	1	J	<u></u>	<u> </u>
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	(4) 2010	(5) 2011	(6) 20 12	(4) 25 15	(6) 2014	(i) rotal
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b					<u> </u>	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support</b> . (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here		<u> </u>	rth, or fifth tax yea	r as a section 501(	c)(3)	▶□
	tion C. Computation of Public Su				<del></del>	<del>,</del>	
15 16	Public support percentage for 2014 (line 8, colu		_				<u>%</u>
	Public support percentage from 2013 Schedule tion D. Computation of Investmen			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •	. 10	%
17	Investment income percentage for 2014 (line			column (f))		. 17	%
81	Investment income percentage from 2013 S		-				%
19a	33 1/3% support tests - 2014. If the organia 17 is not more than 33 1/3%, check this box						▶□
Ь	33 1/3% support tests - 2013. If the organization 18 is not more than 33 1/3%, check this						▶□

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

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

#### **Political Campaign and Lobbying Activities**

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.

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Department of the Treasury Internal Revenue Service

Information about Sch. C (Form 990 or 990-EZ) and its inst. is at www.irs.gov/form990. 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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organizations: (	Complete Part III.			
	ne of organization		· · · ·	Employer	identification number
Co	ommunity Alliance of Tenants			31-1571	929
Pa	Complete if the organ	ization is exempt under section	n 501(c) or is	a section 527 orga	nization.
1	Provide a description of the organization's		<del></del>		
2	Political expenditures			▶ \$	
3				<del></del>	
Pa	THE Complete if the organ	ization is exempt under section	on 501(c)(3),		<del></del>
1	Enter the amount of any excise tax incurred				·
2	Enter the amount of any excise tax incurred				
3	If the organization incurred a section 4955			<del></del>	
4a	Was a correction made?				. Yes X No
b	If "Yes," describe in Part IV.				
Pa	ittle Complete if the organ	ization is exempt under section	n 501(c), exc	ept section 501(c)(3	3).
1	Enter the amount directly expended by the				
	activities			▶ \$	
2	Enter the amount of the filing organization's	funds contributed to other organizations f	or section		
	527 exempt function activities		. <b></b>	<b>▶</b> \$	
3	Total exempt function expenditures. Add lir	nes 1 and 2. Enter here and on Form 1120	-POL,		
	line 17b	• • • • • • • • • • • • • • • • • • • •		<b>▶</b> \$	
4	Did the filing organization file Form 1120	-POL for this year?			. Yes No
5	Enter the names, addresses and employer	identification number (EIN) of all section 5	27 political organiz	ations to which the filing	
	organization made payments. For each org	panization listed, enter the amount paid fro	m the filing organiza	ation's funds. Also enter	
	the amount of political contributions receive	ed that were promptly and directly delivered	d to a separate polit	tical organization, such	
	as a separate segregated fund or a politica	action committee (PAC). If additional spa	ce is needed, provi	de information in Part IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0
(1)			-		
(2)					
(3)					
(4)					
(5)			- · · ·		
(6)	<del></del>				

	dule C (Form 990 or 990-EZ) 2014 Community Alli	ance of Tenants			31-157192		
Pa	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under						
	section 501(h)).						
A	Check In the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's						
	name, address, EIN, expenses, and						
<u>B</u>	Check  If the filing organization checked bo	x A and "limited contro	ol" provisions apply.		···		
	Limits on Lobi	oying Expenditures			(a) Filing	(b) Affiliated	
	(The term "expenditures" n	neans amounts paid	or incurred.)		organization's totals	group totals	
1a	Total lobbying expenditures to influence public opin	ion (grass roots lobb	ying)		1,560	···	
b	· iossymy orponditaros to initiacinos a logicadas	e body (direct lobbyin	ng)		5,927		
C	Total lobbying expenditures (add lines 1a and 1b)				7,487		
d	Other exempt purpose expenditures				325,008		
0	Total exempt purpose expenditures (add lines 1c a	nd 1d)			332,495		
f	Lobbying nontaxable amount. Enter the amount fro	m the following table	ın both				
	columns.				66,499		
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	is:		1	
	Not over \$500,000	20% of the amo	ount on line 1e.	-		1	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess ove	er \$500,000.			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess over	er \$1,000,000.			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5	5% of the excess over	\$1,500,000.			
	Over \$17,000,000	\$1,000,000.					
g	Grassroots nontaxable amount (enter 25% of line	lf)			16,625		
h	Subtract line 1g from line 1a. If zero or less, enter -	0					
i	Subtract line 1f from line 1c. If zero or less, enter -C	·					
j	If there is an amount other than zero on either line	1h or line 1, did the o	rganization file Form	4720			
	reporting section 4911 tax for this year?		·			Yes No	
	(Como comunications that are do a	_	ng Period Under		edla e Sana a a bassasa		
	(Some organizations that made a se	• •				below.	
	Sec	tne separate in	structions for line	es 2a through 21.)	<b>)</b>		
	Lobb	ying Expenditures I	During 4-Year Avera	ging Period			
	Calendar year (or fiscal year	(a) 2011	( <b>b</b> ) 2012	(c) 2013	(d) 2014	(e) Total	
	beginning in)	(a) 2011	( <b>b)</b> 2012	(6) 2013	(a) 2014	(e) Total	
	Degining in)						
2a	Lobbying nontaxable amount					-	
<u> </u>	Lobbying Horizazable amount	58,473	58,577	57,495	66,499	241,044	
ь	Lobbying ceiling amount						
	(150% of line 2a, column (e))					361,566	
_	Total labbuma ayaandibuma						
С	Total lobbying expenditures	3,288	8,690	11,247	7,487	30,712	
ــــــــــــــــــــــــــــــــــــــ	Concernete mentavable amount						
<b>a</b>	Grassroots nontaxable amount	14,618	14,644	14,374	16,625	60,261	
е	Grassroots ceiling amount						
	(150% of line 2d, column (e))					90,392	

2,289

5,455

4,760

1,560

Schedule C (Form 990 or 990-EZ) 2014

14,064

f Grassroots lobbying expenditures

EEA

4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	L!	
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	
Pa	rt IV Supplemental Information		·
	ride the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and ee instructions), and Part II-B, line 1. Also, complete this part for any additional information.		

#### **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.

Attach to Form 990.

OMB No 1545-0047 2014

Open to Public

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its Instructions is at www.irs.gov/form990.

Inspection

	of the organization	Employer identification number
Co	mmunity Alliance of Tenants	31-1571929
Pa		
	Complete if 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 value of contributions to (during year) .	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
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?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	Illy important land area
	Protection of natural habitat Preservation of a certified	* *
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cons	ervation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiz	ation during the
	tax year •	-
4	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
	<b>)</b>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	-
	<b>▶</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	ent, 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	
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	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 furth	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	<b>.</b>
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bal	lance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	nerance of
	public service, provide the following amounts relating to these items	
	(i) Revenue included in Form 990, Part VIII, line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pr	rovide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1	<b>▶</b> \$
<u>b</u>	Assets included in Form 990, Part X	<b>▶</b> \$

$\overline{}$	ule D (Form 990) 2014 Community Alliano			· · · · · · · · · · · · · · · · · · ·		31-15719		Page 2
Pai	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)							
3	Using the organization's acquisition, accession, ar	nd other records, chec	k any of the following	that are a sign	nificant us	se of its		
	collection items (check all that apply)	_						
а	Public exhibition	d 📙 Loai	n or exchange program	ms				
b	Scholarly research	e 🗌 Othe	er					
C	Preservation for future generations							
4	Provide a description of the organization's collection	ons and explain how t	hey further the organi	zation's exemp	pt purpos	e in Part		
	XIII.							
5	During the year, did the organization solicit or rece	eive donations of art, h	istorical treasures, or	other similar				
	assets to be sold to raise funds rather than to be n						🗌 Yes	□ No
Pai	rt IV Escrow and Custodial Arrang							
	Complete if the organization an	swered "Yes" to	Form 990, Part	IV, line 9, d	ог геро	rted an amour	t on Form	
	990, Part X, line 21.		·	,	•			
1a	Is the organization an agent, trustee, custodian or	other intermediary for	contributions or othe	r assets not	<del></del>	······································		
							Tyes	□ No
ь	If "Yes," explain the arrangement in Part XIII and o							_
						Am	ount	
С	Beginning balance				. 1c			
d					· ·	<del>                                     </del>		<del></del>
e	· ,				· · · · · · ·	+		
f	Ending balance				1f		<del></del>	
2a	Did the organization include an amount on Form 9					<del></del>	Yes	No
ь	If "Yes," explain the arrangement in Part XIII. Che				-		<del>-</del>	H
	rt V Endowment Funds.	CK field if the explaina	don nas ocen provide	g iii r dit Aiii			· · · · · ·	<u>:</u>
<u> </u>	Complete if the organization an	nswered "Yes" to	Form 990 Part	IV line 10				
	Complete ii the organization an			T		(d) Three ware head	40) 5000000	
1a	Beginning of year balance	(a) Current year	(b) Prior year	(c) Two years	BOACK	(d) Three years back	(e) Four yea	irs back
b	Contributions			<del> </del>		· · · · · · · · · · · · · · · · · ·	<del></del>	
				<del> </del>			<del></del>	
С	Net investment earnings, gains, and losses				1			
_		<u> </u>	ļ	<u> </u>			<del></del>	<del></del>
u	Grants or scholarships			<del> </del>				
8	Other expenditures for facilities and							
	programs			<del> </del>		<del></del>	<del></del>	
T -	Administrative expenses		-	<del> </del>			<del></del>	
, 9	End of year balance			<del> </del>		····		
2	Provide the estimated percentage of the current y		1g, column (a)) held a	as:				
a	Board designated or quasi-endowment	%						
b	Permanent endowment %							
C	Temporarily restricted endowment	%						
	The percentages in lines 2a, 2b, and 2c should ed	•						
3a	Are there endowment funds not in the possession	of the organization th	at are held and admii	nistered for the	•		<u> </u>	<del></del>
	organization by						Ye	s No
	(i) unrelated organizations	• • • • • • • • • •	• • • • • • • • •	• • • • • •		• • • • • • •	. 3a(i)	
	(ii) related organizations	• • • • • • • • •					. 3a(ii)	
ь	If "Yes" to 3a(ii), are the related organizations liste					• • • • • • •	. 3b	
4	Describe in Part XIII the intended uses of the orga		t funds.				<u> </u>	
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization an	nswered "Yes" to	Form 990, Part	IV, line 11:	a. See	Form 990, Pa	rt X, line 10	)
	Description of property	(a) Cost or oth	1 ' '	or other basis		Accumulated	(d) Book va	eult
		(investm	ent)	(other)	de	preciation		
1a	Land	• • •						
b	Buildings	• • •						· · · · · · · · · · · · · · · · · · ·
С	Leasehold improvements					<u> </u>		
d	Equipment			5,952		5,952		
е_	Other			5,650		5,316		334
Tota	I. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	K, column (B), line 10	Oc.)		▶		334

	Complete if the organization answ  (a) Description of security or category	(b) Book value	(c) Method of valuation:
<del> </del>	(including name of security)	(b) Book value	Cost or end-of-year market value
1) Financial de	erivatives	• •	
2) Closely-hek	d equity interests	• •	
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (Column (b)	must equal Form 990, Part X, col (B) line 12)	<b>&gt;</b>	
Part VIII	Investments - Program Related		
	Complete if the organization answ	vered "Yes" to Form 990, Part	IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
(1)			
(2)			
(3)	<del></del>		<del></del>
(4)	·		
(5)			
(6)			
(7)	·		
		}	
(8)			
(9)			
(9) <b>Total.</b> (Column (b)	must equal Form 990, Part X, col (B) line 13 )	<b>)</b>	
(9) <b>Fotal.</b> (Column (b)	Other Assets.	· · · · · · · · · · · · · · · · · · ·	IV line 11d See Form 000 Port V line 15
(9) Fotal. (Column (b)	Other Assets.	vered "Yes" to Form 990, Part	IV, line 11d. See Form 990, Part X, line 15.
(9)  Total. (Column (b)  Part IX	Other Assets.	· · · · · · · · · · · · · · · · · · ·	IV, line 11d. See Form 990, Part X, line 15.
(9)  Total. (Column (b)  Part IX  (1)	Other Assets.	vered "Yes" to Form 990, Part	
(9) Total. (Column (b) Part IX  (1) (2)	Other Assets.	vered "Yes" to Form 990, Part	
(9) Total. (Column (b) Part IX  (1) (2) (3)	Other Assets.	vered "Yes" to Form 990, Part	
(9)  Total. (Column (b)  Part IX  (1) (2) (3) (4)	Other Assets.	vered "Yes" to Form 990, Part	
(9)  Total. (Column (b)  Part IX  (1) (2) (3) (4) (5)	Other Assets.	vered "Yes" to Form 990, Part	
(9)  Total. (Column (b)  Part IX  (1) (2) (3) (4) (5) (6)	Other Assets.	vered "Yes" to Form 990, Part	
(9)  Total. (Column (b)  Part IX  (1) (2) (3) (4) (5) (6) (7)	Other Assets.	vered "Yes" to Form 990, Part	
(9)  Total. (Column (b)  Part IX  (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.	vered "Yes" to Form 990, Part	
(9)  Total. (Column (b)  Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answ	vered "Yes" to Form 990, Part (a) Description	(b) Book value
(9) Total. (Column (b) Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answ	vered "Yes" to Form 990, Part (a) Description	
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(9) Total. (Column (b) Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answers  n (b) must equal Form 990, Part X, col. (B) In Other Liabilities. Complete if the organization answers	vered "Yes" to Form 990, Part (a) Description	(b) Book value
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(9) Total. (Column (b) Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answers.  In (b) must equal Form 990, Part X, col. (B) In Other Liabilities. Complete if the organization answers.  In (a) Description of liability	vered "Yes" to Form 990, Part (a) Description	(b) Book value
(9)  Total. (Column (b)  Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column  Part X  1. (1) Federal in	Other Assets. Complete if the organization answers.  In (b) must equal Form 990, Part X, col. (B) In Other Liabilities. Complete if the organization answers.  In (a) Description of liability	vered "Yes" to Form 990, Part (a) Description  ne 15.)  vered "Yes" to Form 990, Part	(b) Book value
(9) Total. (Column (b) Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal in (2)	Other Assets. Complete if the organization answers.  In (b) must equal Form 990, Part X, col. (B) In Other Liabilities. Complete if the organization answers.  In (a) Description of liability	vered "Yes" to Form 990, Part (a) Description  ne 15.)  vered "Yes" to Form 990, Part	(b) Book value
(9)  Total. (Column (b)  Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column  Part X  1. (1) Federal in (2) (3)	Other Assets. Complete if the organization answers.  In (b) must equal Form 990, Part X, col. (B) In Other Liabilities. Complete if the organization answers.  In (a) Description of liability	vered "Yes" to Form 990, Part (a) Description  ne 15.)  vered "Yes" to Form 990, Part	(b) Book value
(9)  Total. (Column (b)  Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column  Part X  1. (1) Federal in (2) (3) (4)	Other Assets. Complete if the organization answers.  In (b) must equal Form 990, Part X, col. (B) In Other Liabilities. Complete if the organization answers.  In (a) Description of liability	vered "Yes" to Form 990, Part (a) Description  ne 15.)  vered "Yes" to Form 990, Part	(b) Book value
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(9)  Total. (Column (b)  Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column  Part X  1. (1) Federal in (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answers.  In (b) must equal Form 990, Part X, col. (B) In Other Liabilities. Complete if the organization answers.  In (a) Description of liability	vered "Yes" to Form 990, Part (a) Description  ne 15.)  vered "Yes" to Form 990, Part	(b) Book value
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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

_	tule D (Form 990) 2014 Community Alliance of Tenants	31-1571929	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	<b>-1</b>	
С	Add lines 4a and 4b	. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses		
ــــــــــــــــــــــــــــــــــــــ	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	- p	
1	Total expenses and losses per audited financial statements	. 11	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	· <del>  '  </del>	<del></del>
a	Donated services and use of facilities		
a b	Prior year adjustments	<del>- </del>	
-	· · · · · · · · · · · · · · · · · · ·	<del> </del>	
C	<del>                                      </del>		
d	Other (Describe in Part XIII.)		
. 6	Add lines 2a through 2d	·	
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	<b></b>	
C	Add lines 4a and 4b		
5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	.   5	<del></del>
	rt XIII Supplemental Information.		<del></del>
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part	X, line	
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
		<del></del> -	
		· · · · · · · · · · · · · · · · · · ·	
			<del></del>
		<del></del>	

#### 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.

Mattach to Form 990 or 990-EZ.

Description of the provide any additional information.

Description of the provide any additional information.

Department of the Treasury Internal Revenue Service Name of the organization

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

2014

Open to Public Inspection

Employer Identification number

OMB No 1545-0047

Community Alliance of Tenants	31~1571929
01. Form 990 governing body review (Part VI, line 11)	
The external CPA prepares the Form 990 and supplemental schedules and forwards a dra	aft to
the Executive Director for review. Once the return is approved, the return is filed	. Board
members may also review the form. All Board members receive a copy after review.	
02. Governing documents, etc, available to public (Part	VI, line 19)
Documents are made available to the public upon request.	