See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490
**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)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form.

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

**A - For the 2009 calendar year, or tax year beginning**

7/1/2009

**and ending**

6/30/2010

**B - Check if applicable**

<table>
<thead>
<tr>
<th>Address change</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name change</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initial return</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Terminated</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amended return</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Application pending</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

**C - Name of organization**

Tenants Together

**Number and street or (P O box, if mail is not delivered to street address)**

995 Market Street

**City, town, or country**

San Francisco

**State**

CA

**ZIP + 4**

94103

**D - Employer Identification number**

26-1777917

**E - Telephone number**

415-495-8100

**F - Group Exemption Number**


**G - Accounting Method**

☐ Cash | ☑ Accrual

**H - Check ☑ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**

**I - Website**

☑ www.tenantstogether.org

**J - Tax-exempt status (check only one)**

☐ 501(c)(3) | ☑ 501(c)(3)

**K - Check ☑ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000**

A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L - Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ**

$ 219,465

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Expense</th>
<th>Net Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Gross revenue (not including $ of contributions reported on line 1)</td>
<td>b Less: direct expenses other than fundraising expenses</td>
<td>c Gross profit or (loss) from sales of inventory (Subtract line 6b from line 6a)</td>
</tr>
<tr>
<td>5a Gross amount from sale of assets other than inventory</td>
<td>5b Less: cost of other basis and sales expenses</td>
<td>6a Gross sales of inventory, less returns and allowances</td>
</tr>
<tr>
<td>6c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td>
<td>6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)</td>
<td></td>
</tr>
<tr>
<td>7a Gross sales of inventory, less returns and allowances</td>
<td>7b Less: cost of goods sold</td>
<td>7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td>
</tr>
<tr>
<td>8 Other revenue (describe)</td>
<td>9 Total revenue (Subtract line 8 from line 7c)</td>
<td>10 Grants and similar amounts paid (attach schedule)</td>
</tr>
<tr>
<td>10 Grants and similar amounts paid (attach schedule)</td>
<td>11 Benefits paid to or for members</td>
<td>12 Salaries, other compensation, and employee benefits</td>
</tr>
<tr>
<td>12 Salaries, other compensation, and employee benefits</td>
<td>13 Professional fees and other payments to independent contractors</td>
<td>14 Occupancy, rent, utilities, and maintenance</td>
</tr>
<tr>
<td>14 Occupancy, rent, utilities, and maintenance</td>
<td>15 Printing, publications, postage, and shipping</td>
<td>16 Other expenses (describe)</td>
</tr>
<tr>
<td>15 Printing, publications, postage, and shipping</td>
<td>16 Other expenses (describe)</td>
<td>17 Total expenses (Subtract line 16 from line 15)</td>
</tr>
<tr>
<td>17 Total expenses (Subtract line 16 from line 15)</td>
<td>18 Excess or (deficit) for the year (Subtract line 17 from line 9)</td>
<td>19 Net assets or fund balances at beginning of year (from line 27, column (A))</td>
</tr>
<tr>
<td>19 Net assets or fund balances at beginning of year (from line 27, column (A))</td>
<td>20 Other changes in net assets or fund balances (attach explanation)</td>
<td>21 Net assets or fund balances at end of year Combine lines 18 through 20</td>
</tr>
</tbody>
</table>

### Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

<table>
<thead>
<tr>
<th>(A)</th>
<th>(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Cash, savings, and investments</td>
<td>23 Land and buildings</td>
</tr>
<tr>
<td>23 Land and buildings</td>
<td>24 Other assets (describe)</td>
</tr>
<tr>
<td>24 Other assets (describe)</td>
<td>25 Total assets</td>
</tr>
<tr>
<td>25 Total assets</td>
<td>26 Total liabilities (describe)</td>
</tr>
<tr>
<td>26 Total liabilities (describe)</td>
<td>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
</tr>
</tbody>
</table>

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)
### Part III - Statement of Program Service Accomplishments

(See the instructions for Part III.)

What is the organization's primary exempt purpose? **see attached statement 2**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28. **see attached statement 3**

<table>
<thead>
<tr>
<th>Grants:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
</tr>
</tbody>
</table>

(If this amount includes foreign grants, check here.)

29. ...........................................................................................................................................................................................................................................................................................................

<table>
<thead>
<tr>
<th>Grants:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
</tr>
</tbody>
</table>

(If this amount includes foreign grants, check here.)

30. ...........................................................................................................................................................................................................................................................................................................

<table>
<thead>
<tr>
<th>Grants:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
</tr>
</tbody>
</table>

(If this amount includes foreign grants, check here.)

31. Other program services (attach schedule)

<table>
<thead>
<tr>
<th>Grants:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
</tr>
</tbody>
</table>

(If this amount includes foreign grants, check here.)

32. Total program service expenses. (add lines 28a through 31a)

### Part IV - List of Officers, Directors, Trustees, and Key Employees

List each one even if not compensated. (See the instructions for Part IV.)

<table>
<thead>
<tr>
<th>(a) Name and address</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation (if not paid, enter -0-)</th>
<th>(d) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(e) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stephen L. Collier</td>
<td>Title Board President</td>
<td>H/W/K 1.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>995 Market Ste 1202 San Francisco CA 94103</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leah Simon Weisberg</td>
<td>Title Board Vice President</td>
<td>H/W/K 1.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>995 Market Ste 1202 San Francisco CA 94103</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theodore Gullicksen</td>
<td>Title Secretary &amp; Treasurer</td>
<td>H/W/K 1.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>995 Market Ste 1202 San Francisco CA 94103</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ma Guadalupe Areola</td>
<td>Title Board Member</td>
<td>H/W/K 1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>995 Market Ste 1202 San Francisco CA 94103</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gen Fujoka</td>
<td>Title Board Member</td>
<td>H/W/K 1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>995 Market Ste 1202 San Francisco CA 94103</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Larry Gross</td>
<td>Title Board Member</td>
<td>H/W/K 1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>995 Market Ste 1202 San Francisco CA 94103</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dean Preston</td>
<td>Title Executive Director</td>
<td>H/W/K 32.00</td>
<td>40,000</td>
<td></td>
</tr>
<tr>
<td>995 Market Ste 1202 San Francisco CA 94103</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T

a Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on Form 990-T for this year?

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.

37b Did the organization file Form 1120-POL for this year?

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved.

39 Section 501(c)(7) organizations. Enter:

39a Initiation fees and capital contributions included on line 9.

39b Gross receipts, included on line 9, for public use of club facilities.

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911; section 4912; section 4955.

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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.

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.

41 List the states with which a copy of this return is filed.

42a The organization's books are in care of Dean Preston, Executive Director

Located at 299 Market Street, Suite 1202, City, San Francisco, ST, CA

Telephone no. 415-495-8100

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country:

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country:

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. and enter the amount of tax-exempt interest received or accrued during the tax year.

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.
Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. .................

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. .................

48 Is the organization a school as described in section 170(b)(1)(A)(ii) if "Yes," complete Schedule E. .................

49a Did the organization make any transfers to an exempt non-charitable related organization? .................

b If "Yes," was the related organization a section 527 organization? .................

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

<table>
<thead>
<tr>
<th>(a) Name and address of each employee paid more than $100,000</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation (d) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(a) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name None</td>
<td>Str.</td>
<td>City</td>
<td>ST</td>
</tr>
<tr>
<td>Name</td>
<td>Str.</td>
<td>City</td>
<td>ST</td>
</tr>
<tr>
<td>Name</td>
<td>Str.</td>
<td>City</td>
<td>ST</td>
</tr>
<tr>
<td>Name</td>
<td>Str.</td>
<td>City</td>
<td>ST</td>
</tr>
<tr>
<td>Name</td>
<td>Str.</td>
<td>City</td>
<td>ST</td>
</tr>
<tr>
<td>Name</td>
<td>Str.</td>
<td>City</td>
<td>ST</td>
</tr>
</tbody>
</table>

f Total number of other employees paid over $100,000. ...........

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $100,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name None</td>
<td>Str.</td>
<td>City</td>
</tr>
<tr>
<td>Name</td>
<td>Str.</td>
<td>City</td>
</tr>
<tr>
<td>Name</td>
<td>Str.</td>
<td>City</td>
</tr>
<tr>
<td>Name</td>
<td>Str.</td>
<td>City</td>
</tr>
<tr>
<td>Name</td>
<td>Str.</td>
<td>City</td>
</tr>
</tbody>
</table>

d Total number of other independent contractors each receiving over $100,000. ...........


Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer  
Type or print name and title  
Date  
Preparer's identifying number (see instructions)  
Preparer's signature  
Preparer's Use Only  
Check if self-employed  
Firm's name (or yours if self-employed), address, and ZIP + 4  
Phone no.  
May the IRS discuss this return with the preparer shown above? See instructions.
## Part I: Reason for Public Charity Status

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

1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital’s name, city, and state: 
5. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8. A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
9. An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10. An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11. An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
   a. Type I
   b. Type II
   c. Type III—Functionally integrated
   d. Type III—Other

   e. By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

   f. If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ______.

   g. Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

   (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization. 

   (ii) A family member of a person described in (i) above? 

   (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

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

   | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see Instructions)) | (iv) Is the organization in col (i) listed in your governing document? | (v) Did you notify the organization in col (i) of your support? | (vi) Is the organization in col (i) organized in the U.S.? |

   | Yes | No | Yes | No | Yes | No |

   | Total | | | | | |

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
### 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.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2005</th>
<th>(b) 2006</th>
<th>(c) 2007</th>
<th>(d) 2008</th>
<th>(e) 2009</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>membership fees received. (Do not</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>include any &quot;unusual grants.&quot;)</td>
<td>75,738</td>
<td>151,720</td>
<td>219,465</td>
<td></td>
<td></td>
<td>446,923</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>benefit and either paid to or expended on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>furnished by a governmental unit to the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>75,738</td>
<td>151,720</td>
<td>219,465</td>
<td></td>
<td></td>
<td>446,923</td>
</tr>
<tr>
<td>5 The portion of total contributions by</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>each person (other than a governmental</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>unit or publicly supported organization)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>included on line 1 that exceeds 2% of the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>amount shown on line 11, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>446,923</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2005</th>
<th>(b) 2006</th>
<th>(c) 2007</th>
<th>(d) 2008</th>
<th>(e) 2009</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>75,738</td>
<td>151,720</td>
<td>219,465</td>
<td></td>
<td></td>
<td>446,923</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends,</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>payments received on securities loans,</td>
<td></td>
<td></td>
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<tr>
<td>rents, royalties and income from similar</td>
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<tr>
<td>sources</td>
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<tr>
<td>9 Net income from unrelated business</td>
<td></td>
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<tr>
<td>activities, whether or not the business is</td>
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<td>regularly carried on</td>
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<tr>
<td>10 Other income. Do not include gain or</td>
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<tr>
<td>loss from the sale of capital assets</td>
<td></td>
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<tr>
<td>(Explain in Part IV)</td>
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<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>446,923</td>
</tr>
<tr>
<td>12 Gross receipts from related activities,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 First five years. If the Form 990 is for</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>the organization's first, second, third,</td>
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<tr>
<td>fourth, or fifth tax year as a section</td>
<td></td>
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<tr>
<td>501(c)(3) organization, check this box and</td>
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<tr>
<td>stop here.</td>
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</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 |
| 16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | 0  |
| 16b 33 1/3% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | 0  |
| 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. | 0  |
| 17b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. | 0  |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | 0  |
### Part III: Support Schedule for Organizations Described in Section 509(a)(2)

**Section A. Public Support**

**Calendar year (or fiscal year beginning in):**

1. Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")

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 business under section 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.

7b. 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.

8. **Public support (Subtract line 7c from line 6):**

**Section B. Total Support**

**Calendar year (or fiscal year beginning in):**


10a. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.

10b. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.

11. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.

12. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).

13. **Total support.** (Add lines 9, 10a, 11, and 12)

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

**Section C. Computation of Public Support Percentage**

15. Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))

16. Public support percentage from 2008 Schedule A, Part III, line 15

**Section D. Computation of Investment Income Percentage**

17. Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).


19a. **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b. **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20. **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.
Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
Schedule B
(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

2009

Name of the organization

Tenants Together

Employer identification number

26-1777917

Organization type (check one):

Filers of:  

Form 990 or 990-EZ  

☐ 501(c)(3) (enter number) organization  

☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation  

☐ 527 political organization  

Form 990-PF  

☐ 501(c)(3) exempt private foundation  

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation  

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) $5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than $1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year.  

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

HTA
## Part I Contributors (see instructions)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Aggregate contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>NEW YORK COMMUNITY TRUST</strong>&lt;br&gt;909 THIRD AVE., 22RD FLOOR&lt;br.NEW YORK  NY  10022</td>
<td>$100,000</td>
<td>Person <strong>X</strong>&lt;br&gt;Payroll&lt;br&gt;Noncash (Complete Part II if there is a noncash contribution.)</td>
</tr>
<tr>
<td>2</td>
<td><strong>Estate of Linda Preston c/o Gary Kaplan, Esq</strong>&lt;br&gt;THREE EMBARCADERO CENTER, 7th FLOOR&lt;br&gt;SAN FRANCISCO  CA  94111-4024</td>
<td>$100,000</td>
<td>Person <strong>X</strong>&lt;br&gt;Payroll&lt;br&gt;Noncash (Complete Part II if there is a noncash contribution.)</td>
</tr>
<tr>
<td>3</td>
<td><strong>-----------</strong></td>
<td><strong>-----------</strong></td>
<td>Person&lt;br&gt;Payroll&lt;br&gt;Noncash (Complete Part II if there is a noncash contribution.)</td>
</tr>
<tr>
<td>4</td>
<td><strong>-----------</strong></td>
<td><strong>-----------</strong></td>
<td>Person&lt;br&gt;Payroll&lt;br&gt;Noncash (Complete Part II if there is a noncash contribution.)</td>
</tr>
<tr>
<td>5</td>
<td><strong>-----------</strong></td>
<td><strong>-----------</strong></td>
<td>Person&lt;br&gt;Payroll&lt;br&gt;Noncash (Complete Part II if there is a noncash contribution.)</td>
</tr>
<tr>
<td>6</td>
<td><strong>-----------</strong></td>
<td><strong>-----------</strong></td>
<td>Person&lt;br&gt;Payroll&lt;br&gt;Noncash (Complete Part II if there is a noncash contribution.)</td>
</tr>
</tbody>
</table>
### Part II Noncash Property (see instructions)

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (see instructions)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is May 15, 2011.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.
# 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.
- See separate instructions.

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

- Section 501(c)(3) organizations Complete Parts I-A and I-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), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

<table>
<thead>
<tr>
<th>Name of organization</th>
<th>Employer Identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tenants Together</td>
<td>26-1777917</td>
</tr>
</tbody>
</table>

## Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1. Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2. Political expenditures
3. Volunteer hours

## Part I-B Complete if the organization is exempt under section 501(c)(3).

1. Enter the amount of any excise tax incurred by the organization under section 4955
2. Enter the amount of any excise tax incurred by organization managers under section 4955
3. If the organization incurred a section 4955 tax, did it file Form 4720 for this year? [ ] Yes [ ] No
   4a. Was a correction made? [ ] Yes [ ] No

b. If "Yes," describe in Part IV.

## Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1. Enter the amount directly expended by the filing organization for section 527 exempt function activities
2. Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3. Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b
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 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

<table>
<thead>
<tr>
<th>a) Name</th>
<th>b) Address</th>
<th>c) EIN</th>
<th>d) Amount paid from filing organization's funds</th>
<th>e) Amount of political contributions received and promptly and directly delivered to a separate political organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.
### 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 □ if the filing organization belongs to an affiliated group.

B Check □ if the filing organization checked Box A and "limited control" provisions apply.

<table>
<thead>
<tr>
<th>Limits on Lobbying Expenditures</th>
<th>(a) Filing organization's totals</th>
<th>(b) Affiliated group totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Total lobbying expenditures to influence public opinion (grass roots lobbying)</td>
<td>2,228</td>
<td></td>
</tr>
<tr>
<td>b Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>6,685</td>
<td></td>
</tr>
<tr>
<td>c Total lobbying expenditures (add lines 1a and 1b)</td>
<td>8,913</td>
<td></td>
</tr>
<tr>
<td>d Other exempt purpose expenditures</td>
<td>169,348</td>
<td></td>
</tr>
<tr>
<td>e Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td>178,261</td>
<td></td>
</tr>
<tr>
<td>f Lobbying nontaxable amount Enter the amount from the follow table in both columns.</td>
<td>35,652</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If the amount on line 1e, column (a) or (b) is:</th>
<th>The lobbying nontaxable amount is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not over $500,000</td>
<td>20% of the amount on line 1e</td>
</tr>
<tr>
<td>Over $500,000 but not over $1,000,000</td>
<td>$100,000 plus 15% of the excess over $500,000</td>
</tr>
<tr>
<td>Over $1,000,000 but not over $1,500,000</td>
<td>$175,000 plus 10% of the excess over $1,000,000</td>
</tr>
<tr>
<td>Over $1,500,000 but not over $17,000,000</td>
<td>$225,000 plus 5% of the excess over $1,500,000</td>
</tr>
<tr>
<td>Over $17,000,000</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

| g Grassroots nontaxable amount (enter 25% of line 1f) | 8,913 |
| 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 0- |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | □ Yes □ No |

#### 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.)

<table>
<thead>
<tr>
<th>Lobbying Expenditures During 4-Year Averaging Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar year (or fiscal year beginning in)</td>
</tr>
<tr>
<td>2a Lobbying nontaxable amount</td>
</tr>
<tr>
<td>b Lobbying ceiling amount (150% of line 2a, column(e))</td>
</tr>
<tr>
<td>c Total lobbying expenditures</td>
</tr>
<tr>
<td>d Grassroots nontaxable amount</td>
</tr>
<tr>
<td>e Grassroots ceiling amount (150% of line 2d, column(e))</td>
</tr>
<tr>
<td>f Grassroots lobbying expenditures</td>
</tr>
</tbody>
</table>
### Part II-B

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

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

1. During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:
   a. Volunteers?
   b. Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
   c. Media advertisements?
   d. Mailings to members, legislators, or the public?
   e. Publications, or published or broadcast statements?
   f. 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?
   i. Other activities? If "Yes," describe in Part IV
   j. Total Add lines 1c through 1i.

2a. Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
   b. If "Yes," enter the amount of any tax incurred under section 4912.
   c. If "Yes," enter the amount of any tax incurred by organization managers under section 4912.
   d. Did the filing organization incur a section 4912 tax, did it file Form 4720 for this year?

### Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Were substantially all (90% or more) dues received nondeductible by members?</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Did the organization make only in-house lobbying expenditures of $2,000 or less?</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Did the organization agree to carryover lobbying and political expenditures from the prior year?</td>
<td>3</td>
</tr>
</tbody>
</table>

### Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1. Dues, assessments and similar amounts from members

2. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).
   a. Current year
   b. Carryover from last year
   c. Total

3. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

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 and political expenditure next year?

5. Taxable amount of lobbying and political expenditures (see instructions)

### Part IV

**Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

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### Part II, Line 24 (990-EZ) - Other Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>Beginning</th>
<th>End</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment</td>
<td>3,808</td>
<td>4,822</td>
</tr>
<tr>
<td>Furniture</td>
<td>815</td>
<td>815</td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>-683</td>
<td>-1,493</td>
</tr>
<tr>
<td>Prepaid rent</td>
<td></td>
<td>1,525</td>
</tr>
<tr>
<td>Prepaid workers comp insurance</td>
<td>734</td>
<td>1,090</td>
</tr>
<tr>
<td>Prepaid insurance</td>
<td>2,206</td>
<td>3,920</td>
</tr>
<tr>
<td>Security deposit</td>
<td>1,525</td>
<td>1,525</td>
</tr>
<tr>
<td>Book inventory</td>
<td></td>
<td>1,286</td>
</tr>
</tbody>
</table>

### Part II, Line 26 (990-EZ) - Liabilities

<table>
<thead>
<tr>
<th>Description</th>
<th>Beginning</th>
<th>End</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accrue payroll</td>
<td>3,938</td>
<td>5,473</td>
</tr>
<tr>
<td>Accounts payable</td>
<td>1,930</td>
<td>1,973</td>
</tr>
<tr>
<td>Payroll tax payable</td>
<td>301</td>
<td>598</td>
</tr>
</tbody>
</table>

### Line 14

<table>
<thead>
<tr>
<th>Description</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>phone</td>
<td>3,214</td>
</tr>
<tr>
<td>rent</td>
<td>18,300</td>
</tr>
</tbody>
</table>

### Line 15

<table>
<thead>
<tr>
<th>Description</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printing</td>
<td>1,981</td>
</tr>
<tr>
<td>Mailing</td>
<td>991</td>
</tr>
</tbody>
</table>

### Line 16

<table>
<thead>
<tr>
<th>Description</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office supplies</td>
<td>1,194</td>
</tr>
<tr>
<td>Insurance</td>
<td>2,942</td>
</tr>
<tr>
<td>IT/computer support</td>
<td>936</td>
</tr>
<tr>
<td>Accounting &amp; payroll service</td>
<td>1,137</td>
</tr>
<tr>
<td>Recruiting/hiring</td>
<td>330</td>
</tr>
<tr>
<td>Tax filing fee</td>
<td>60</td>
</tr>
<tr>
<td>Subscriptions/Reference materials</td>
<td>314</td>
</tr>
<tr>
<td>Travel</td>
<td>301</td>
</tr>
<tr>
<td>Volunteer expenses</td>
<td>88</td>
</tr>
<tr>
<td>Graphic design</td>
<td>40</td>
</tr>
<tr>
<td>Website maintenance</td>
<td>1,278</td>
</tr>
<tr>
<td>Conference &amp; meetings</td>
<td>1,035</td>
</tr>
<tr>
<td>Software &amp; web applications</td>
<td>2,148</td>
</tr>
<tr>
<td>Fundraising</td>
<td>1,322</td>
</tr>
<tr>
<td>Depreciation</td>
<td>800</td>
</tr>
</tbody>
</table>
Attached Statements -- 2009 Form 990EZ

Tenants Together

EIN: 26-1777917

Statement 2
Form 990EZ, Part III, Organization’s Exempt Purpose

The mission of Tenants Together is to defend and advance the rights of California tenants to safe decent and affordable housing. As California’s only statewide renters’ rights organization, Tenants Together works to improve the lives of California tenants through education, organizing and advocacy.

Statement 3
Form 990 EZ, Part III, line 28

Tenants Together’s activities and accomplishments during this fiscal year included: updating and publishing our website as a resource for the public to learn about renters’ rights and about news affecting renters; writing and distributing our newsletter on tenant rights issues in California; expanding our comprehensive online tenant services directory; developing a statewide network of tenants, tenant advocates and other Californians committed to renters’ rights; monitoring legislation affecting tenant rights, and engaging in limited lobbying on state and local legislation of concern to tenants; monitoring and reporting on judicial developments that affect tenant rights; working with tenants and advocates to challenge efforts by predatory landlords to achieve large scale displacement of low-income tenants, a practice known as “predatory equity”, and exposing the fact that public employee pension funds have been used to support these predatory activities; providing technical assistance, expert advice and consulting to local tenant advocates and organizations to support local organizing efforts; helping local activists who wish to form new tenant associations.

We substantially increased our program work with tenants in foreclosed properties during this fiscal year. Specifically, we researched and published a groundbreaking report on the impact of foreclosures on California tenants, developed ‘know your rights’ materials for tenants in foreclosed properties and continued to operate and expand a statewide hotline to help tenants in foreclosure situations learn about and assert their rights. The hotline offers free assistance to renters in foreclosure situations. We served over 2,000 California renters through the hotline during FY 2009.

Total program expenses: $ 160,434.90