



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.

Go to www.irs.gov/Form990EZ for instructions and the latest information.
or tax year beginning 01-01-2021, and ending 12-31-2021

B Check if applicable:

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return☐ Final return/terminated

☐ Appendices

☐ Amended return

☐ Application pending

C Name of organization
SAN FRANCISCO TENANTS UNION

Number and street (or P. O. box, if mail is not delivered to street address) 558 Capp Street	Room/suite
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City or town, state or province, country, and ZIP or foreign postal code
San Francisco, CA 94110

D Employer identification number

94-3059241

E Telephone number

(415) 282-6543

F Group Exemption
Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►

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

I Website: www.sftu.org

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(4) ☐ (insert no. ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 138,399

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

Check if the organization used Schedule O to respond to any question in this Part I

..... ☒

		Revenue	
1	Contributions, gifts, grants, and similar amounts received	1	48,280
2	Program service revenue including government fees and contracts	2	86,511
3	Membership dues and assessments	3	0
4	Investment income	4	3,608
5a	Gross amount from sale of assets other than inventory	5a	0
b	Less: cost or other basis and sales expenses	5b	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).	6b	0
c	Less: direct expenses from gaming and fundraising events	6c	0
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
7a	Gross sales of inventory, less returns and allowances	7a	0
b	Less: cost of goods sold	7b	0
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
8	Other revenue (describe in Schedule O)	8	0
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	138,399
		Expenses	
10	Grants and similar amounts paid (list in Schedule O)	10	0
11	Benefits paid to or for members	11	0
12	Salaries, other compensation, and employee benefits	12	32
13	Professional fees and other payments to independent contractors	13	10,480
14	Occupancy, rent, utilities, and maintenance	14	24,924
15	Printing, publications, postage, and shipping	15	2,831
16	Other expenses (describe in Schedule O)	16	17,298
17	Total expenses. Add lines 10 through 16	17	55,565
		Net Assets	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	82,834
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	141,025
20	Other changes in net assets or fund balances (explain in Schedule O)	20	-409
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	223,450

Part II

Balance Sheets

(see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	158,873	22	227,020
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	380	24	0
25 Total assets	159,253	25	227,020
26 Total liabilities (describe in Schedule O).	18,228	26	3,570
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	141,025	27	223,450

Part III

Statement of Program Service Accomplishments

(see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
Promote tenant rights and affordable housing.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Advocated for legislation and political candidates benefitting tenants. Approximately 500,000 tenants benefitted.
(Grants \$ 0) If this amount includes foreign grants, check here

29 Counseled tenants on their rights. 7 days/week. Approximately 5,000 tenants benefitted.
(Grants \$ 0) If this amount includes foreign grants, check here

30 Published and distributed the 20th Edition Tenants Rights Handbook, a thorough description of tenant rights in San Francisco.
(Grants \$ 0) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here

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

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28a27,241

29a24,398

30a3,926

31a

3255,565

Part IV

List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated ; see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Jason Wolford	1	0		
Director				
Eihway Su	1	0		
Treasurer				
Alexsis Beach	1	0		
Secretary				
Jonathan Scott Weaver	1	0		
Vice President				
Jessica Alexandra	1	0		
President				

Form 990-EZ (2021)

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. ☒

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	34	Yes	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
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	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶	37a		0
b	Did the organization file Form 1120-POL for this year?	37b		No
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 tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	39a		
b	Gross receipts, included on line 9, for public use of club facilities	39b		
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			0
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			0
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	40e		No
41	List the states with which a copy of this return is filed. ▶ CA			
42a	The organization's books are in care of ▶ Angel Lowrey Telephone no. ▶			
	(415) 282-6543			
	Located at ▶ 558 Capp Street San Francisco , CA ZIP + 4 ▶ 94110			
			Yes	No
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)?	42b		No
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		No
	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 ▶	43		
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		
46		No

Part VI

Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI		Yes	No
47 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	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	49b		

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."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☐ Yes ☐ No

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

Sign Here	Signature of officer		2022-05-07			
	William Clements Treasurer of the Board of Directors		Date			
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶	
	Firm's address ▶				Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

Additional Data

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Software ID: 21013178

Software Version: v1.00

Form 990-EZ, Special Condition Description:

Special Condition Description

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****► Attach to Form 990 or 990-EZ.****► Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021**Open to Public
Inspection**Name of the organization
SAN FRANCISCO TENANTS UNION**Employer identification number**

94-3059241

Return Reference	Explanation
Form 990- EZ, Part I, Line 16	Admin Subscriptions \$722.41, Database \$9432.55, Insurance (property and liability) \$1086.13, Internet & Website \$990.64, Office Supplies \$364.82, Other Expenses \$1057.38, State & Federal fees, taxes, etc \$91.00, Telephone \$2334.21, Third Party Transaction Fees \$1038.27, Workers Compensation Insurance \$170.11.
Form 990- EZ, Part I, Line 20	Prior period adjustment.
Form 990- EZ, Part II, Line 24	Column A: Accounts Receivable and Prepaid Expenses. Column B: Accounts Receivable.
Form 990- EZ, Part II, Line 26	Column A: Anti-Eviction Mapping Project \$15,856.55, Homes Not Jails \$1919.94, John F. Kennedy University, \$453. Column B: Anti-Eviction Mapping Project \$3530.
Form 990- EZ, Part V, Line 34	The Bylaws were amended to reflect a new Board that has a separation of powers from the Steering Committee which directs the day-to-day operations. The number of Board Members were increased to seven and quorum increased to five.

Additional Data

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