990

## Return of Organization Exempt From Income Tax

OMB No. 1545-

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation: Do not enter social security numbers on this form as it may be made public. Open to Public ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service A For the 2022 calendar year, or tax year beginning 01-01-2022 , and ending 12-31-2022 C Name of organization D Employer identification number **B** Check if applicable: TogetherSF Action 84-4638740 Name change Initial return Doing business as Final return/terminated E Telephone number Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2505 Mariposa St Application pending (415) 269-1819 City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ 1,741,358 F Name and address of principal officer: H(a) Is this a group return for Kanishka Cheng Yes 🔽 No subordinates? 2505 Mariposa St **H(b)** Are all subordinates San Francisco, CA 94110 included? If "No," attach a list. See instructions. **H(c)** Group exemption number ▶ Website: www.tsfaction.org L Year of formation: 2020 M State of legal domicile: CA K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities: The Organizations mission is to make San Francisco a more inclusive city through effective, transparent, and accountable governance as well as community organizing and representation. Activities & Governance 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) . 0 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)  $\cdot$ Total number of volunteers (estimate if necessary) . . . . . . **7a** Total unrelated business revenue from Part VIII, column (C), line 12 • Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . . . . . 2,003,745 1,505,207 327,244 190,370 9 Program service revenue (Part VIII, line 2g) . . . . . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,568,267 19,201 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 26,580 3,899,256 1,741,358 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,549,742 449,650 15 **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . Total fundraising expenses (Part IX, column (D), line 25) ▶176,234 b 1,376,350 915,323 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 2,926,092 1,364,973 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 . 973,164 376,385 Assets or **Beginning of Current End of Year** Total assets (Part X, line 16) . . . . . . 3,796,054 3,868,902 Total liabilities (Part X, line 26) . . . . . 110,040 11,673 3,857,229 Net assets or fund balances. Subtract line 21 from line 20 . 3,686,014 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2023-11-02 Signature of officer Date Sian Kanishka Cheng President & CEO Here Type or print name and title Preparer's signature Print/Type preparer's name Check | if P00923916 **Paid** self-employed Firm's EIN 🕨 20-4994635 Firm's name 🕨 Iryna AC **Preparer** Firm's address ▶ 1000 Broadway Ste 200-C **Use Only** Phone no. (510) 467-9506 Oakland, CA 94607 Yes No May the IRS discuss this return with the preparer shown above? See Instructions.

Form	990 (2022)			Page 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🗐	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 🐒 . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🐯 . . . . . . . . . c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🐿 . . . . . . . . . d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🥦 . . . . . . . . . . . . . . . e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

12a ប៊ីលើវិទាទ ទល្បានខែង និក្សានាមែន និក្សានាខែង និក្សានាខែង និក្សានាខេង និក្សានេះ និក្សានិក្សាននិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្ស 

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for

**b** Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . .

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. . . . . Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . . . . . . . . . . . . . . Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . .

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .

Νo

Nο

Νo

Nο

Νo

Nο

Nο

Nο

Nο

Νo

Nο

Νo

Νo

Νo

Nο

Nο

Nο

Nο

Form **990** (2022)

Yes

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

21

VIII, IX, or X, as applicable.

15

16

17

Form 990 (2022) Page 4 Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Nο Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's Νo 23 current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

Part IV instructions for applicable filing thresholds, conditions, and exceptions):

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Note. All Form 990 filers are required to complete Schedule O. . . . . . . . . . Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

**b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

**b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

and Part V, line 1 .

Part V

sections 301.7701-2 and 301.7701-3?

entity or family member of any of these persons?

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

25a 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 . . . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If

Did the organization report any amount on Part X, line 5 or 22 for receivables from or sayables to any current or

former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

អ៊ីដើ<sup>y</sup>អាច «លាក្សានៅខ្លួស និក្សានៅ មាន other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member,

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

Was the organization a party to a business transaction with one of the following parties (see the Schedule L,

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

 $\overline{ extsf{Did}}$  the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Bid প্রকর্ম Grandstail Shift field afte, terminate, or dissolve and cease operations? If "Yes," complete schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

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

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 

Wasen Granditz เอก Chedule R. Part II, III, or IV,

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," 

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

Νo

Nο

Nο

Νo

Νo

Νo

Νo

Νo

Νo

Nο

Nο

Νo

Nο

No

24a

24b

24c

24d

25a

25b

26

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

13

0

1a

1b

Yes

Yes

Form **990** (2022)

Yes

Yes

Form	990 (2022)			Page <b>5</b>
Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
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		_
	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	4a		No
D	ষ্কানেত প্রতিষ্ঠা প্রতিষ্ঠানিত rate instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
5a	$\sqrt{8}$ The organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	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		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
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?  Sponsoring organizations maintaining donor advised funds.	8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			<u> </u>
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
	excess parachute payment(s) during the year?	15		No
16	IS "Ymeso" gazenizhtionstruetioostkomb Filmes Fiturtio47 ጀመር jSch eduthee Naection 4968 excise tax on net investment income? • • • • • • • • • • • • • • • • • • •	16		No
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

year by the following: a The governing body? .

Section C. Disclosure

13

18

apply.

Form 990 (2022) Page 6

	Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	_	•	espons	se to line	!S
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu Check if Schedule O contains a response or note to any line in this Part VI	ile 0. 5	See instructions.			.
	Section A. Governing Body and Management					
					Yes	No
	<b>1a</b> Enter the number of voting members of the governing body at the end of the tax	1a	5			
	Yearer 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.					
	<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	1b	4			
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?						N o
	3 Did the organization delegate control over management duties customarily perform supervision of officers, directors or trustees, or key employees to a management c			3		No
						$\overline{}$

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

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

organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . .

**b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

**b** Describe on 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

a The organization's CEO, Executive Director, or top management official . . . . . .

Own website 🔽 Another's website 🔽 Upon request  $\Gamma$  Other (explain in Schedule O)

▶NIELSEN MERKSAMER 2350 Kerner Boulevard 250 San Rafael, C A 94901 (415) 389-6800

interest policy, and financial statements available to the public during the tax year.

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

List the states with which a copy of this Form 990 is required to be filed

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 

Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, 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

State the name, address, and telephone number of the person who possesses the organization's books and records:

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

**b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . .

Did the organization have members or stockholders? . . . . . . . . .

**b** Each committee with authority to act on behalf of the governing body?

10a Did the organization have local chapters, branches, or affiliates? .

14 Did the organization have a written document retention and destruction policy? .

Did the organization have a written whistleblower policy? . . . .

Did the organization make any significant changes to its governing documents since the prior Form 990 was bilathe organization become aware during the year of a significant diversion of the organization's assets? . .

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Did the organization contemporaneously document the meetings held or written actions undertaken during the

8a

9

10a

10b

11a

12a

12b

12c

13

14

15a

15b

16a

16b

Yes

Yes

Yes

Yes

Yes

Yes

Νo

Nο

No

Νo

Nο

Νo

Nο

Νo

Form 990 (2022)

Νc
No
No
No
No
N c
N c

### 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

- 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization r		T		/	.110.	11 0111				Τ
(A) Name and title	(B) Average hours per week (list any hours for	ur	(C) sition (do not check more unless person is both an o director/truste	offic ee)	icer a	and a	a	compensation from the	(E) Reportable compensation from related organizations	other
	related organizations below dotted line)		Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	from the organization and related organizations
(1) Kanishka Cheng	20.00			Х	'	Ţ., !	'	0	0	,
President & CEO	0.00	)	<u> </u> '	Щ'	⊥_'	<b></b> '	⊥_′	<u> </u>	<u> </u>	<u> </u>
(2) Michael Moritz  Treasurer	0.00	· x		х				0	0	) (
(3) Kim-Mai Cutler	1.00			Х	\[\begin{align*} ' \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \		Ĺ,	0	0	
Secretary	0.00	)	<u> </u>	⊥ '	⊥'	⊥_'	⊥'	<u> </u>	<u> </u>	<u> </u>
(4) David Broockman Director	0.00	· x	ļ				'	0	0	) (
(5) Tony Winnicker Director	1.00	· x						0	0	
	<del>                                     </del>	<del>                                     </del>	<u> </u>	<del> </del>	<del> </del>	<del>                                     </del>	<del> </del>		<u> </u>	1
	<del>                                     </del>	<del></del>		<del></del>	+-'		<del> </del>	<u>'</u>	<u> </u>	
					$\vdash$		<u> </u>			
				$\Box$				<u>'</u>		
	_ 	<u> </u>		<u> </u>	Ĺ'	<u> </u>	<u> </u>	'	<u> </u>	
	<b></b> '	<u> </u>	<u> </u>	⊥_′	⊥'	<u>                                     </u>	<u></u>			_
	<u> </u>	<u> </u>	<u> </u>	⊥_′	⊥'	<u> </u>	<u></u> _'			
	<u> </u>	<u> </u>	<u> </u>	⊥'	⊥'	<u>'</u>	⊥'	<u> </u>	<u> </u>	<u> </u>
	<u> </u> '	<u> </u>		⊥'	⊥'	<u>'</u>	<u></u>	<u> </u>	<u> </u>	
	<u> </u>	<u> </u>		⊥ ′	⊥'	<u> </u>	⊥'	<u> </u> '	<u> </u>	<u> </u>
	l'		'	'	<u></u> '	'	'			

990 (2022) VII Section A. (	Officers, Direct	ors, T	rustees, Key Employ	ees	s, a	nd Hi	ghe	est Compensate	d Employees (co	Page ontinued)
(A) Name and title	(B) Average hours per week (list		(C) tion (do not check more nless person is both an director/truste	offic			(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation	
	any hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee;	7	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	from the organization and related organizations

1b Sub-Total	 ٠		•		,	
c Total from continuation			•			

d 1	Total (add lines 1b and 1c)	
2	Total number of individuals (including but not limited to those listed above) who received more than	1
	\$100,000 of reportable compensation from the organization • 0	

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . .

	Y
	v
3	

		•		•
1a	re	cei	ve	(

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

ni	iza	ati	or	1?.	Ιf	"

or accrue compensation from any unrelated organization or individual for

Yes," complete Schedule J for such person . . .

3	

Section B. Independent Contractors

!		
	3	

I	

N
N

Compensation

Description of services

Νo
Nο

No

## Did any person listed on line services rendered to the orga

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the

# Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

2 Total number of independent contractors (including but not limited to those listed above) who received more than

(A) Name and business address

\$100,000 of compensation from the organization  $\blacktriangleright$  0

individual

	990 (2022)									Page <b>9</b>
Part		nt of Revenue chedule O contains a res	sponse or not	te to a	ny line in this Par	rt VIII				п
	CHECK II 3	ancourie o contains a rec	ponse or not		(A) Total revenue	(B) Related exem function	d or pt on	(C) Unrelate business revenue	s ex e tax	(D) Revenue cluded from under sections 512 - 514
Contri	butions, Gifts, Gra	nts, and OtherAmt Simi	lar Amounts	<b>b</b> М	embership dues	ns	1a 1b		_	312 314
					ındraising events elated organizatio		1c		_	
					overnment grants (cor		1d 1e			
				f All	l other contributions, g	gifts, grants,				
				ah	ove oncash contributions ir		1f	1,505,2	207	
				lin	es 1a - 1f:\$		<b>1</b> g	1,500,0	057	
			Dusiness C		otal. Add lines 1a-	-1f		>	1,505	,207
	2a Venue Fees		Business C		178,656		178,656			
ne				32000	11 714		11 714			
even	<b>b</b> Voter Guide Fees		51	16210	11,714		11,714			
Program Service Revenue	c d									
Pro	-	am service revenue.								
	<b>9 Total.</b> Add line	es 2a-2f <b></b> .	19	0,370		l				
	•	3 Investment income	(including div	vidend	s, interest, and		19,201			19,201
		other 49inclareafrounits)estr 5 Royalties	ment of tax-e	exempt	t bond proceeds	<b>*</b>	0			
		Γ	(i) Re	eal	(ii) Personal					
		<b>6a</b> Gross rents	6a							
		<b>b</b> Less: rental	e L							
		expenses c Rental	6b							
		income or	6c				0			
		d (Nets) ental income	(i) Secu	· ·	(ii) Other					
		7a Gross amount from sales of assets other than inventory	7a	iricies	(II) Other					
Other Revenue		h Less: cost or	7b							
eve		c Gain or (loss)	7c							
<u>بر</u>		<b>d</b> Net gain or (loss)			<b>.</b>		0			
Othe		8a Gross income from fund (not including \$ contributions reported of See Part IV, line 18	on line 1c).							
		<b>b</b> Less: direct expen		8a 8b	_					
		c Net income or (loss					0			
					•					
		<b>9a</b> Gross income from	gaming							
		activities. See Part IV, line 19 <b>b</b> Less: direct expen		9a 9b	_	_				
		c Net income or (loss					0			
		<b>10a</b> Gross sales of inverence returns and alloward		10a	1					
		<b>b</b> Less: cost of goods	s sold	10b	)					
		c Net income or (loss	s) from sales	of inv	entory		0			
					Business Code	e				
		11a Rebates And Rede	emptions				26,580			26,580
		b								
Othe	rRevenueMiscAmt	c								
		<b>d</b> All other revenue								
		e Total. Add lines 11				<u> </u>	26,580			
		<b>12 Total revenue.</b> See	instructions		· · · · •	1,7	741,358	190,370	_	45,781

Form 990 (2022)				Page <b>1</b> 0
Part IX Statement of Functional Expenses	t complete all!	and All ather are	izations must	ata column (A)
Section 501(c)(3) and 501(c)(4) organizations must  Check if Schedule O contains a response or note to		177	•	
Do not include amounts reported on lines 6b,	·	(B)	(c)	(D)
b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	68,297	34,149	20,489	13,659
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	378,834	234,130	24,224	120,480
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	2,519	1,552	854	113
<b>10</b> Payroll taxes	0			
11 Fees for services (non-employees):				
a Management	0			
<b>b</b> Legal	55,934	38,594	14,543	2,797
c Accounting	72,382	49,944	18,819	3,619
d Lobbying	1,809	1,809		
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	114,981	79,337	29,895	5,749
12 Advertising and promotion	108,536	76,569	26,811	5,156
13 Office expenses	30,445	21,012	8,315	1,118
14 Information technology	47,840	27,237	18,629	1,974
L5 Royalties	0	·		
16 Occupancy	426,397	281,832	124,142	20,423
17 Travel	2,465	2,099	307	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0	,		
19 Conferences, conventions, and meetings	0			
<b>20</b> Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	10,574	10,574		
23 Insurance	6,129	4,229	1,594	306
Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Event expense	29,590	25,184	3,695	711
<b>b</b> Advocacy	6,620	6,620		
c Miscellaneous	817	564	212	41
<b>d</b> Dues and other charges	804	396	379	29
e All other expenses	0			
<b>25 Total functional expenses.</b> Add lines 1 through 24e	1,364,973	895,831	292,908	176,234
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here  if following SOP 98-2 (ASC 958-720).				

Forr	n 990	(2022)					Page <b>11</b>
Р	art X	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	ny line in this Part IX .			🗆
					<b>(A)</b> Beginning of year		( <b>B</b> ) End of year
	1	Cash-non-interest-bearing			321,412	1	1,438,816
	2	Savings and temporary cash investments				2	0
	3	Pledges and grants receivable, net				3	0
	4	Accounts receivable, net			4	580	
	5	Loans and other receivables from any current trustee, key employee, creator or founder, su			4.450.000	_	
	6	controlled entity or family member of any of t Loans and other receivables from other disqu under section 4958(f)(1)), and persons desc	hese pers alified pe	rsons (as defined	1,158,000	6	0
S	7	Notes and loans receivable, net				7	0
ssets	8	Inventories for sale or use				8	0
SS	9	Prepaid expenses and deferred charges .			69,504	9	347,920
_	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	52,376			
	b	Less: accumulated depreciation	10b	15,422	31,585	10c	36,954
	11	Investments—publicly traded securities .	ll_		2,215,553	11	1,979,120
	12	Investments—other securities. See Part IV, li		12	0		
	13	Investments—program-related. See Part IV, I			13	0	
	14	Intangible assets		14	0		
	15	Other assets. See Part IV, line 11				15	65,512
	16	Total assets: Add lines 1 through 15 (must e	3,796,054	16	3,868,902		
	17	Accounts payable and accrued expenses .		110,040	17	11,673	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
S	21	Escrow or custodial account liability. Comple	of Schedule D		21		
Liabilities	22	Loans and other payables to any current or fo key employee, creator or founder, substantial	rmer offic	er, director, trustee,			
ap		controlled entity or family member of any of t	hese pers	sons		22	
	23	Secured mortgages and notes payable to unre	elated thii	rd parties		23	
	24	Unsecured notes and loans payable to unrela	ted third	parties		24	
	25	Other liabilities (including federal income tax parties, and other liabilities not included on li Complete Part X of Schedule D			25		
	26	<b>Total liabilities.</b> Add lines 17 through 25 .			110,040	26	11,673
ses		Organizations that follow FASB ASC 958, che		and complete			
Fund Balances	27	lines 27, 28, 32, and 33.  Net assets without donor restrictions			3,686,014	27	3,857,229
P	28	Net assets with donor restrictions				28	
Ē		Organizations that do not follow FASB ASC 9	58, check	here ▶ ☐ and			
Assets or F	29	complete lines 29 through 33. Capital stock or trust principal, or current fun	ds			29	
et	30	Paid-in or capital surplus, or land, building or	equipmen	t fund		30	
ASS	31	Retained earnings, endowment, accumulated i	ncome, o	r other funds		31	
Net /	32	Total net assets or fund balances			3,686,014	32	3,857,229
Ž	33	Total liabilities and het assets/fund balances			3.796.054	33	3.868.902

33

3,796,054

3,868,902

Form **990** (2022)

Total liabilities and het assets/fund balances

33

Both consolidated and separate basis

2c

За

3b

Νo

Form 990 (2022)

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in

Consolidated basis

basis, consolidated basis, or both:

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

Separate basis

Schedule O.

Form 990 (2022) **Additional Data** Return to Form **Software ID: 22015553 Software Version:** 2022v5.0 Form 990, Special Condition Description: **Special Condition Description** 

## Schedule B OMB No. 1545-0047 Schedule of Contributors (Form 990) Attach to Form 990, 990-EZ, or 990-PF. 2022 Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** TogetherSF Action 84-4638740 Organization type (check one): Filers of: Section: Form 990 or 990-F7 □ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

990-EZ, or 990-PF). Cat. No. 30613X For Paperwork Reduction Act Notice, see the Instructions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990,

Schedule B (Form 990) (2022)

for Form 990, 990-EZ, or 990-PF.

Name of organization TogetherSF Action Employer identification number 84-4638740

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash
(a)	(b)	(c)	contributions.)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions)	(ɑ) Date received
.   =			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-  =		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
. =		<u> </u>	

(b)

Description of noncash property given

(a)

No. from

Part I

(d)

Date received

(c)

FMV (or estimate)

(See instructions)

Schedule I	B (Form 990) (2022)		Page 4
Name of o TogetherS	organization SF Action		Employer identification number 84-4638740
Part III	Exclusively religious, charitable, etc., contotal more than \$1,000 for the year from line entry. For organizations completing of \$1,000 or less for the year. (Enter this Use duplicate copies of Part III if additional spa	any one contributor. Complete co Part III, enter the total of exclusive information once. See instruction	lumns (a) through (e) and the following ely religious, charitable, etc., contributions
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and ZI	(e) Transfer of gift P 4 Relat	ionship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I		(7, 222 23 3	
	Transferee's name, address, and ZI	(e) Transfer of gift P 4 Relat	ionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and ZI	(e) Transfer of gift P 4 Relat	ionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and ZI	(e) Transfer of gift P 4 Relat	ionship of transferor to transferee
			Schedule B (Form 990) (2022)

### SCHEDULE C (Form 990)

For Organizations Exempt From Income Tax Under section 501(c) and section 527

**Political Campaign and Lobbying Activities** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. Internal Revenue Service ►Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on 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" on 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" on 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. Name of the organization **Employer identification number** TogetherSF Action 84-4638740 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities." Political campaign activity expenditures. See instructions ..... 2 Volunteer hours for political campaign activities. See instructions ...... Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 ...... 4955 1 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 ┌ Yes Was a correction made? ..... If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1,809 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ...... Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.......... 1,809 Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. 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. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-. (1) YES ON D NO ON E AFFORDABLE HOMES 393 7TH AVE STE 301 88-0706981 1,809 San Francisco, C A 94118 2 5 For Paperwork Reduction Act Notice, see the instructions for Form 990. Cat. No. 50084S Schedule C (Form 990) 2021

Part II-B

activity.

1

Yes | No

Page 3

Amount

	through the use of:		
а	Volunteers?		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		
С	Media advertisements?		
d	Mailings to members, legislators, or the public?		_
е	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?		
	Total Add lines 1s through 1i		_

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 ..... If "Yes," enter the amount of any tax incurred by organization managers under section 4912 ...... If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? ..... Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or Part III-A section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? ..... 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? ..... 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? .....

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

1 Dues, assessments and similar amounts from members ...... 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a 2b

Carryover from last year ..... 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . 3 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? .....

Taxable amount of lobbying and political expenditures. See Instructions ......

Part IV Supplemental Information

Provide 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

filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

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.

2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information. Return Reference

Explanation

## Part I-A, Line 1 - Direct and Indirect In kind contribution for space on slate mailer to Yes on D, No on E, Affordable Homes Now.

Schedule C (Form 990) 2021

**Software Version:** 2022v5.0

## SCHEDULE D

Department of the Treasury

Name of the organization

Internal Revenue Service

TogetherSF Action

(Form 990)

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

2022

Open to Public
Inspection

**Employer identification number** 

			84-4638740
Pa	rt I Organizations Maintaining Donor		funds or Accounts.
	Complete if the organization answered	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Bollot davised fallas	(b) runus una otner accounts
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 ad	visors in writing that the assets held in do	nor advised funds are
•	the organization's property, subject to the organizar	_	
6	Did the organization inform all grantees, donors, and	d donor advisors in writing that grant fund	s can be used only for
	charitable purposes and not for the benefit of the do	nor or donor advisor, or for any other purp	oose conferring
_	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements.  Complete if the organization answered	"Yes" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the o	<u> </u>	
-	Preservation of land for public use (e.g., recreat	_	n historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
•		ld a qualified concernation contribution in	the form of a concernation
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year.	ia a quaimea conservation contribution in	Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	5	2b
<b>C</b>	Number of conservation easements on a certified his	` '	2c
d	Number of conservation easements included in (c) a historic structure listed in the National Register	· · · · · · · · · · · · · · · · · · ·	2d
3	Number of conservation easements modified, transfe		ed by the organization during the
	tax year	•	, ,
4	Number of states where property subject to conserv	vation easement is located	
5	Does the organization have a written policy regarding	a the periodic monitoring, inspection, har	ndling of
	violations, and enforcement of the conservation eas	· · · · · · · · · · · · · · · · · · ·	
6	Staff and volunteer hours devoted to monitoring, in	specting, handling of violations, and enfor	cing conservation easements during the
•	year		
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations, and enforcing	conservation easements during the year
	* \$		
8	Does each conservation easement reported on line $(B)(i)$ and section $170(h)(4)(B)(ii)$ ?		
9			
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text of		•
	the organization's accounting for conservation ease		
Par	<b>† III</b> Organizations Maintaining Collecti Complete if the organization answered		or Other Similar Assets.
1a	If the organization elected, as permitted under FAS		ratement and halance sheet works
Ia	of art, historical treasures, or other similar assets h	·	
	service, provide, in Part XIII, the text of the footno		
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held	· · · · · · · · · · · · · · · · · · ·	
	provide the following amounts relating to these item	· · · · · · · · · · · · · · · · · · ·	ratinerance of pashe service,
(	(i) Revenue included on Form 990, Part VIII, line 1 $\cdot$		<b>&gt;</b> \$
<b>(</b> i	ii) Assets included in Form 990, Part X		· · · · · <b>&gt;</b> \$
2	If the organization received or held works of art, his		
	following amounts required to be reported under FA		
а	Revenue included on Form 990, Part VIII, line 1 .		<b>.</b> \$
b	,		
ar I	Danarwork Paduction Act Notice see the Instructions	for Form 900 Cat N	Schedule D (Form 990) 202

3	Using the organization's acquisition, access collection items (check all that apply):	ion, and oth	ner records,	check	any of	the follo	wing tha	t are a signif	icant use o	f its	
а	Public exhibition		d	d 🗀	Loan	or excha	ange pro	grams			
b	Scholarly research		•	e	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's of Part XIII.	collections a	nd explain h	ow the	y furth	er the o	rganizati	on's exempt	purpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than								Yes	□ No	
Pa	rt IV Escrow and Custodial Arran	gements.	ı								
	Complete if the organization and Part X, line 21.	swered "Ye	es" on Forn	n 990	, Part :	IV, line	9, or re	eported an	amount o	n Form	990,
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?								☐ Yes	☐ No	
b	If "Yes," explain the arrangement in Part X	III and com	plete the fol	lowing	table:			А	mount		_
c	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e			•	<del></del>
f	Ending balance						1f				_
2a	Did the organization include an amount on	Form 990 F	Part X line 2	1 for	escrow	or custo	ndial acc	ount liability?	Yes	☐ No	_
	· · ·	101111 330, 1	are x, mic z	11, 101	CSCION	or custo	Jaiai acc	June mubiney.			
b	If "Yes," explain the arrangement in Part $X$	III. Check h	ere if the ex	cplanat	ion has	been pi	rovided i	n Part XIII	□		
Pa	rt V Endowment Funds.										
	Complete if the organization and	swered "Ye (a) Curre		n 990 <sub>/</sub> ( <b>b)</b> Prior				k (d) Three ye	arc back (a)	Four you	rc back
1a	Beginning of year balance	(a) curre	iic year   (	(b) FIIOI	yeai	(c) Iwo	years bac	(u) Tillee ye	als back (e)	Tour yea	13 Dack
	Contributions										
	Net investment earnings, gains, and losses										
Č	Net investment carnings, gains, and losses		<u> </u>								
d	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
	Administrative expenses										
_	End of year balance										
2	Provide the estimated percentage of the cur	rrent year e	nd balance (	line 1g	ı, colum	nn (a)) h	eld as:				
a											
b	Permanent endowment  Term endowment										
С	The percentages on lines 2a, 2b, and 2c sh	ould oqual	100%								
За	Are there endowment funds not in the posse	•		n that	are hel	d and ac	lminister	ed for the			
	organization by:		g							Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)	++	
D	If "Yes" on 3a(ii), are the related organizat	ions listed a	is required o	n Scne	edule K	ſ			3b		
4	Describe in Part XIII the intended uses of t	he organiza	tion's endov	vment	funds.						
Pa	rt VI Land, Buildings, and Equipm	ent.									
	Complete if the organization and										
	Description of property (a) Cost or oth (investme		(b) Cost or ot	her bası	s (other)	( <b>c)</b> Ac	cumulated	depreciation	(d) E	Book value	е
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment				39,059	9		12,324			26,735
	Other				13,317	7		3,098			10,219

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

	Complete if the organization answered "Yes" on Form 99			e Form 990, F	art X, line 12.
	<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b) Bo value		(c) Method of v or end-of-year	
(2) Closely-	I derivatives				
( <b>3</b> )Other					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Column		<b>&gt;</b>			
Part VIII	<b>Investments - Program Related.</b> Complete if the organization answered 'Yes' on Form 99	90, Part	IV, line 11c. Se	ee Form 990,	Part X, line 13.
	(a) Description of investment	·	(b) Book value	(c) Met	hod of valuation: -of-year market value
(1)				cost of end	or year market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	Other Assets. Complete if the organization answered 'Yes' on Form 99	0, Part	IV, line 11d. Se	e Form 990, Par	
(1)	(a) Description				(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Part X	onn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on Form 99	 0, Part		<b>.</b> 11f.	
1.	See Form 990, Part X, line 25.  (a) Description of liability				(b) Book value
	income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 25.)	otn=4	a the areas is	's financial stat	oments that we will
	or uncertain tax positions. In Part XIII, provide the text of the fo 's liability for uncertain tax positions under FIN 48 (ASC 740). C				

Return.

Page **4** 

	Complete if the organization answered 'Yes' on Form 990, I	Part 1	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	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
			-		
е	Add lines 2a through 2d			2e	
3	Subtract line <b>2e</b> from line <b>1</b>			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 .	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)		5	
Par	Reconciliation of Expenses per Audited Financial St			s per	Return.
	Complete if the organization answered 'Yes' on Form 990, I			l .	
1	Total expenses and losses per audited financial statements	•		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	l _	Ī		
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
_	Add lines <b>2a</b> through <b>2d</b>			ا ء ا	
e	3			2e 3	
3	Subtract line <b>2e</b> from line <b>1</b>			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	۱ ـ	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
_					
С	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)		5	
	t XIII				
Su	pplemental Information				
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa				

Schedule L		Trai	nsacti	ons with I	nterested	Persons				OME	З No.	1545	-0047
(Form 990)  Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  Attach to Form 990 or Form 990-EZ.  Department of the Treasury  Go to www.irs.gov/Form990 for instructions and the latest information.										2022 Open to Public			
Name of the organization	anization						Em	nlove	r ident			ectio	n
TogetherSF Action	amzation						EIII	pioye	i ideiii	uncau	on ne	iiiibei	
Part I Exces	ss Benefit Tr	ancaction	<b>c</b> (sostion	2 F01/c)/2) co	ction E01(c)(4)	\ and costion			8740	nizatio	nc or	dv)	
Comple	ete if the organi	zation answer	red "Yes"	on Form 990, I	Part IV, line 25	a or 25b, or Fo	rm 9	2)(29 90-E	, orgai Z, Part	V, lin	e 40b		
1 (a) Name of disqualified person		(b) Relationsh		qualified perso		(c)		ption of ction Co		Corre	(d) Corrected?		
												Yes	No
section 495	nount of tax incuise. nount of tax, if a	,	-	-		_	ne ye	ar un	der . ▶				
Com	ns to and/o plete if the orga nization reporte	nization answ	vered "Ye:	s" on Form 990		e 38a, or Form	1 990	, Part	: IV, lir	ne 26;	or if	the	
(a) Name of	<b>(b)</b> Relationship with organization	(c)	(d) Loa	in to or from the ganization?		<b>(f)</b> Balance due		(g) In (h) default? Approv		oved	oved agreement?		
			То	From			Yes	No	Yes	No	Yes	N	О
(1) HereSay Media LLC	Board membe	A/R		X	1,158,000			No	Yes		Yes		
Part IIII Gra	nts or Assist	ance Bene	fiting I	nterested P		TV / line 27							
	plete if the organization (b)		between	(c) Amount			assis	tance	e (e	<b>)</b> Purp	ose o	of assis	tance
-	1												

Cat. No. 50056A

Schedule L (Form 990) 2021

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

(d) Description of transaction

Page 2

	person and the	transaction		revei	nues?
	organization			Yes	No
(1) HereSay Media LLC	Board member	178,656	rental of property		No
Part V Supplemental Infor					
Provide additional informa	ation for responses to questions	s on Schedule L (see ins	tructions).		

Pays for the space under its lease from its landlord.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(b) Relationship

botwoon interested

**Return Reference** Schedule L. Part V Supplemental Information

(a) Name of interested person

Explanation THE ORGANIZATION ENTERED INTO AN AGREEMENT TO SELL CERTAIN MEDIA-RELATED ASSETS TO HERE/SAY MEDIA, LLC. HERE/SAY MEDIAS MAJORITY OWNER IS THE BOARD BASED ON AN INDEPENDENT VALUATION FROM A QUALIFIED APPRAISER. THE SALE WAS

(c) Amount of

trancaction

Schedule L (Form 990) 2021

CHAIR OF THE ORGANIZATION. THE PURCHASE PRICE FOR THE TRANSFERRED ASSETS WAS NOT FULLY EFFECTUATED IN 2021 PENDING COMPLETION OF THE APPRAISAL AND NOTICE TO THE STATE ATTORNEY GENERAL IN THE SUBSEOUENT FISCAL YEAR, RESULTING IN A RECEIVABLE FROM HERE/SAY MEDIA AS OF THE END OF 2021. The entire balance was settled in

2022.THE ORGANIZATION SUBLEASED OFFICE SPACE TO HERE/SAY MEDIA, LLC. THE RENT CHARGED UNDER THE SUBLEASE IS BASED ON THE AMOUNT OF RENT THE ORGANIZATION

Schedule L (Form 990) 2021

(Form 990)

**SCHEDULE M** 

## **Noncash Contributions**

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Go to www.irs.gov/Form990 for the latest information.

▶ Attach to Form 990.

Inspection

	e of the organization :herSF Action				Emplo	yer identificat	ion nui	mber	
5					84-46	38740			
Pā	rt I Types of Property								
		(a) Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, lin		Method of c oncash contrib		_	ıts
1	Art—Works of art								
2	Art—Historical treasures .								
3	Art—Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities—Publicly traded .	Х	1	1,500,05	7				
10	Securities—Closely held stock								
11	Securities—Partnership, LLC, or trust interests								
12	Securities—Miscellaneous								
13	Qualified conservation contribution—Historic structures								
14	Qualified conservation contribution—Other								
15	Real estate—Residential .								
16	Real estate—Commercial								
17	Real estate—Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies .								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ▶ ()								
26	Other ▶ ()								
27	Other ► ()								
28	Other ▶ ()								
29	Number of Forms 8283 received by for which the organization complet				29				
								Yes	No
30a	During the year, did the organizat	rs from the	date of the initial contribut						
	exempt purposes for the entire ho						30a	ı	Νo
b	If "Yes," describe the arrangemen								
31	Does the organization have a gift	acceptance	policy that requires the re	eview of any nonstandard	contrib	outions?	31		Νo

**b** If "Yes," describe in Part II.

describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

32a

## SCHEDULE O

(Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

TogetherSF Action

## 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.

**Open to Public** 

Schedule O (Form 990) 2021

OMB No. 1545-0047

Inspection **Employer identification number** 

84-4638740

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

▶ Go to www.irs.gov/Form990 for the latest information.

Return Reference	Explanation
Form 990, Part VI, Section A, Line 8b	THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES AUTHORIZED TO ACT ON BEHALF OF THE BOARD OF DIRECTORS.
Form 990, Part VI, Section B, Line 11b	Executive Director shares the 990 with the governing body for review before filing. Governing board provides feedback and/or asks questions before filing via email.
Form 990, Part VI, Section B, Line 15a	A salary survey is conducted by our third party HR provider, Insperity. The survey is used to set compensation scales and CEO compensation is set by the board of directors.
Form 990, Part VI, Section C, Line 19	Upon request.
Form 990, Part VII, Line 1 - COMPENSATION FROM UNRELATED ORGANIZATIONS	"TOGETHERSF ACTION" HAS ENTERED INTO A RESOURCE SHARING AGREEMENT WITH "TOGETHERSF,"AN ORGANIZATION THAT IS UNRELATED. UNDER THIS AGREEMENT, "TOGETHERSF" CHARGES"TOGETHERSF ACTION" FOR THE HOURS THAT EMPLOYEES WORK ON PROJECTS FOR "TOGETHERSFACTION." IN TURN, "TOGETHERSF ACTION" REIMBURSES "TOGETHERSF" FOR THAT TIME.

Cat. No. 51056K