

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)

2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning JUL 1, 2006 and ending JUN 30, 2007

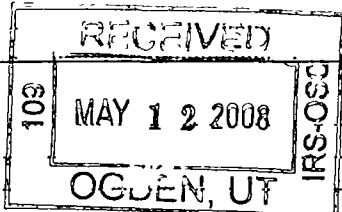
B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: TENDERLOIN HOUSING CLINIC, INC. D Employer identification number: 94-2681706 E Telephone number: 415-885-3286 F Accounting method: Accrual

G Website: N/A J Organization type: 501(c)(3) K Check here: if the organization is not a 509(a)(3) supporting organization... H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number: N/A M Check: if the organization is not required to attach Sch. B

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 21,921,742.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6 Gross rents; 7 Other investment income; 8 Gross amount from sales of assets other than inventory; 9 Special events and activities; 10 Gross sales of inventory, less returns and allowances; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.



SCANNED JUN 1 9 2008

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> 22a				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> 22b				
23 Specific assistance to individuals (attach schedule) 23				
24 Benefits paid to or for members (attach schedule) 24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 3 25a	118,690.	56,378.	62,312.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B 25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c				
26 Salaries and wages of employees not included on lines 25a, b, and c 26	7,795,808.	6,970,389.	825,419.	
27 Pension plan contributions not included on lines 25a, b, and c 27				
28 Employee benefits not included on lines 25a - 27 28	1,722,699.	1,536,181.	186,518.	
29 Payroll taxes 29	587,331.	521,453.	65,878.	
30 Professional fundraising fees 30				
31 Accounting fees 31	37,500.	9,289.	28,211.	
32 Legal fees 32	215,463.	153,932.	61,531.	
33 Supplies 33	203,294.	142,899.	60,395.	
34 Telephone 34	235,487.	216,125.	19,362.	
35 Postage and shipping 35				
36 Occupancy 36	223,047.	138,236.	84,811.	
37 Equipment rental and maintenance 37	561,337.	551,836.	9,501.	
38 Printing and publications 38	47,562.	36,166.	11,396.	
39 Travel 39	13,734.	12,116.	1,618.	
40 Conferences, conventions, and meetings 40				
41 Interest 41				
42 Depreciation, depletion, etc (attach schedule) 42	210,842.	194,170.	16,672.	
43 Other expenses not covered above (itemize): a _____ 43a b _____ 43b c _____ 43c d _____ 43d e _____ 43e f _____ 43f g SEE STATEMENT 2 43g	9,835,379.	9,549,223.	286,156.	
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44	21,808,173.	20,088,393.	1,719,780.	0.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 8</u>	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a <u>SEE STATEMENT 4</u>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	17,958,276.
b <u>SEE STATEMENT 5</u>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	767,039.
c <u>SEE STATEMENT 6</u>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	686,156.
d <u>SEE STATEMENT 7</u>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	517,228.
e Other program services (attach schedule) <u>SEE STATEMENT 9</u>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	159,694.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	20,088,393.

Form 990 (2006)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	1,068,384.	598,522.
	46 Savings and temporary cash investments	35,527.	37,109.
	47 a Accounts receivable	1,635,888.	
	47 b Less: allowance for doubtful accounts		1,635,888.
	48 a Pledges receivable		
	48 b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 a Receivables from current and former officers, directors, trustees, and key employees		
	50 b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
	51 a Other notes and loans receivable		
	51 b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	58,303.	58,716.
	54 a Investments - publicly-traded securities		
	54 b Investments - other securities	8,329.	8,712.
Liabilities	55 a Investments - land, buildings, and equipment: basis	163,500.	
	55 b Less: accumulated depreciation	163,500.	163,500.
	56 Investments - other	0.	0.
	57 a Land, buildings, and equipment: basis	2,383,595.	
	57 b Less: accumulated depreciation	793,484.	1,590,111.
	58 Other assets, including program-related investments (describe SEE STATEMENT 10)	361,733.	564,913.
	59 Total assets (must equal line 74) Add lines 45 through 58	3,957,617.	4,657,471.
	60 Accounts payable and accrued expenses	903,246.	1,247,709.
	61 Grants payable		
	62 Deferred revenue		
Net Assets or Fund Balances	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	64 b Mortgages and other notes payable	344,028.	471,955.
	65 Other liabilities (describe SEE STATEMENT 11)	519,308.	633,203.
	66 Total liabilities. Add lines 60 through 65	1,766,582.	2,352,867.
	67 Unrestricted	2,132,792.	2,264,902.
68 Temporarily restricted	58,243.	39,702.	
69 Permanently restricted			
70 Capital stock, trust principal, or current funds			
71 Paid-in or capital surplus, or land, building, and equipment fund			
72 Retained earnings, endowment, accumulated income, or other funds			
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	2,191,035.	2,304,604.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	3,957,617.	4,657,471.	

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)		
82b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
83b			
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
85a	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
85b	N/A		
c	Dues, assessments, and similar amounts from members		
85c	N/A		
d	Section 162(e) lobbying and political expenditures		
85d	N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e	N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f	N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85h	N/A		
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12		
86a	N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
86b	N/A		
87	501(c)(12) organizations Enter: a Gross income from members or shareholders		
87a	N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87b	N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	X	
88a			
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
89c			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90 a	List the states with which a copy of this return is filed <u>CA</u>		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	223
91 a	The books are in care of <u>WYNNE TANG</u> Telephone no. <u>415-885-3286</u> Located at <u>126 HYDE STREET, SAN FRANCISCO, CA</u> ZIP + 4 <u>94102</u>		
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 <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a ATTORNEY FEES					488,890.
b HOTEL RENTAL INCOME					7,538,442.
c GALVIN APARTMENT RENTAL					
d INCOME					226,512.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	2,522.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	37,547.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS INCOME			01	68,212.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		108,281.	8,253,844.
105 Total (add line 104, columns (B), (D), and (E))					8,362,125.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
14	SEE STATEMENT 14

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
BEYOND CHRON, LLC - 126 HYDE STREET, SAN FRANCISCO, CA 94102	%			
- 68-0582122	100.00%	INTERNET NEWS	<13,222.>	0.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entry as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Table with 4 columns: (A) Name, address, of each controlled entity; (B) Employer Identification Number; (C) Description of transfer; (D) Amount of transfer. Includes rows a, b, c and a Totals row.

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Table with 4 columns: (A) Name, address, of each controlled entity; (B) Employer Identification Number; (C) Description of transfer; (D) Amount of transfer. Includes rows a, b, c and a Totals row.

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Signature and name of officer: Randall M. Shaw, Executive Director, Date: 5-5-08. Preparer's signature: David J. Holler, Date: 5/2/08. Firm: DAORO ZYDEL & HOLLAND LLP, 135 MAIN STREET, 9TH FLOOR, SAN FRANCISCO, CA 94105-1815. Phone no. (415) 781-2500.

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2006

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **TENDERLOIN HOUSING CLINIC, INC.** Employer identification number **94 2681706**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SARAH GORT 126 HYDE STREET, SAN FRANCISCO CA, 94	DEP DIR OF FINANCE 40.00	88,257.		
DEBBIE RAUCHER 126 HYDE STREET, SAN FRANCISCO CA, 94	DEP DIR OF CLIENT SE 40.00	88,257.		
STEVE COLLIER 126 HYDE STREET, SAN FRANCISCO CA, 94	STAFF ATTORNEY 40.00	93,917.		
RAQUEL FOX 126 HYDE STREET, SAN FRANCISCO CA, 94	STAFF ATTORNEY 40.00	81,469.		
DRENNEN SHELTON 126 HYDE STREET, SAN FRANCISCO CA, 94	DIRECTOR OF PROPERTY 40.00	75,403.		
Total number of other employees paid over \$50,000	▶ 0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
ARNOLD EVJE III 995 MARKET SUITE 15, SAN FRANCISCO CA, 94103	EVICTON LAWYER	93,525.
Total number of others receiving over \$50,000 for professional services	▶ 0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	▶ 0	

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966? N/A		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶	0.	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶**
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	11326262.	9,073,460.	6,668,766.	5,358,038.	32,426,526.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	7,003,547.	6,310,541.	4,970,878.	4,415,856.	22,700,822.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	10,494.	10,961.	10,663.	39,930.	72,048.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	6,330.	7,014.	SEE STATEMENT 15 2,772.	24,296.	40,412.
23 Total of lines 15 through 22	18346633.	15401976.	11653079.	9,838,120.	55,239,808.
24 Line 23 minus line 17	11343086.	9,091,435.	6,682,201.	5,422,264.	32,538,986.
25 Enter 1% of line 23	183,466.	154,020.	116,531.	98,381.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 650,780.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 32,538,986.
d Add: Amounts from column (e) for lines: 18 72,048. 19 _____ 22 40,412. 26b _____					26d 112,460.
e Public support (line 26c minus line 26d total)					26e 32,426,526.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.6544%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A	(2005)	(2004)	(2003)	(2002)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A	(2005)	(2004)	(2003)	(2002)	
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) N/A					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.	NONE				

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
<hr/> <hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
<hr/> <hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.) **N/A**
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Affiliated group totals	(b) To be completed for all electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -		
Not over \$500,000		20% of the amount on line 40
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000		\$1,000,000
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
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 other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

TENDERLOIN HOUSING CLINIC INC.
 FIXED ASSETS
 JUNE 30, 2007
 FEIN: 94-2681706

	COST			ACCUM DEPN			
	Balance Jun. 30, 2006	Additions	Removals	Balance Jun. 30, 2006	Additions	Removals	Balance Jun. 30, 2007
Furniture, fixtures & equipment	275,908	56,659	332,567	(154,338)	(59,157)		(213,495)
Leasehold improvements (LHI)	750,469	521,018	1,271,487	(243,524)	(90,942)		(334,465)
Furniture, fixtures & equipment	46,396	-	46,396	(45,930)	(467)		(46,396)
LHI-Jefferson	10,300	-	10,300	(5,886)	(1,471)		(7,357)
LHI-Vincent	163,239	-	163,239	(48,392)	(10,883)		(59,275)
LHI-Hartland	317,100	-	317,100	(75,393)	(45,300)		(120,693)
LHI-Mission	85,066	120,326	205,391	-	-		-
Vehicles	20,585	18,754	37,114	(10,610)	(2,623)	1,430	(11,803)
Office Furniture and Equipment	-	-	-	-	-	-	-
Total	1,669,063	716,757	2,225	(584,072)	(210,842)	1,430	(793,484)

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCOME
HOTELS LAUNDRY AND GARAGE RENTAL INCOME AT 126 HYDE STREET, SF,		1	37,547.
TOTAL TO FORM 990, PART I, LINE 6A			37,547.

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
INSURANCE	194,708.	169,595.	25,113.		
COMMUNITY EVENTS	55,167.	54,048.	1,119.		
BED BUG CONTRACT	76,769.	76,769.			
SUBCONTRACTORS	49,664.	49,664.			
CONSULTANTS AND OUTSIDE SERVICES	151,989.	92,945.	59,044.		
ELEVATOR	58,818.	58,818.			
APARTMENT SEARCH FEES	288.	288.			
TENANT SCREENING	6,818.	6,818.			
UTILITIES	1,432,161.	1,428,859.	3,302.		
HOTEL LEASES	6,286,528.	6,286,528.			
LITIGATION EXPENSES	101,543.	101,543.			
OFFICE EXPENSES	25,541.	10,056.	15,485.		
BANK AND FINANCE CHARGES	10,851.	8,728.	2,123.		
SUBSIDY PAYMENTS	1,112,955.	1,112,955.	0.		
TRAINING AND EDUCATION	28,530.	17,982.	10,548.		
TAXES	9,489.	9,333.	156.		
STIPENDS	4,894.	4,894.			
CAPITAL EXPENDITURES	61,773.	56,914.	4,859.		
BAD DEBT	161,737.		161,737.		
MISCELLANEOUS	5,156.	2,486.	2,670.		
TOTAL TO FM 990, LN 43	9,835,379.	9,549,223.	286,156.		

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25A

STATEMENT 3

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
RANDY SHAW	118,690.			118,690.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	118,690.			118,690.
C. FUNDRAISING				
TOTAL PROGRAM SERVICES				
TOTAL MANAGEMENT AND GENERAL				118,690.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				<u>118,690.</u>

DESCRIPTION OF PROGRAM SERVICE ONE

SINGLE ROOM OCCUPANCY (SRO) HOUSING PROGRAM: THIS PROGRAM HAS PROVIDED SUPPORTIVE HOUSING TO HOMELESS TENANTS THROUGH MASTER LEASE AGREEMENTS WITH RESIDENTIAL HOTELS IN SAN FRANCISCO, CALIFORNIA SINCE MAY 1, 1999. THE ORGANIZATION PROVIDES COMPREHENSIVE PROPERTY MANAGEMENT SERVICES FOR ORGANIZATION FIFTEEN MASTER-LEASED HOTELS. THE ORGANIZATION PROPERTY MANAGEMENT DEPARTMENT MANAGES TENANTS LEASES AND LEASE COMPLIANCE AND ENSURES THE SANITATION, SAFETY, UPKEEP AND CODE COMPLIANCE OF THE HOTELS. THE ORGANIZATION OFFERS VOLUNTARY COMPREHENSIVE SUPPORT SERVICES TO TENANTS RESIDING IN THE ORGANIZATION MASTER-LEASED HOTELS. THE SUPPORT SERVICES OFFERED BY THE ORGANIZATION HELP RESIDENTS MAINTAIN HOUSING, ENRICH THEIR SELF-RESPECT, CONFIDENCE AND AWARENESS, IMPROVE QUALITY OF LIFE, MINIMIZE AND/OR RESOLVE ISSUES THAT MAY JEOPARDIZE THEIR HOUSING, BUILD A STRONG SENSE OF COMMUNITY AND ACCESS INFORMATION ABOUT OTHER HELPFUL SERVICES. THE HOTELS OPERATING EXPENSES, INCLUDING LEASE PAYMENTS ARE FUNDED BY A COMBINATION OF RENT COLLECTIONS AND SERVICE CONTRACTS WITH THE HUMAN SERVICE AGENCY OF THE CITY AND COUNTY OF SAN FRANCISCO (HSA) SINCE JULY 1, 2000.

TO FORM 990, PART III, LINE A

GRANTS

EXPENSES

	17,958,276.
--	-------------

DESCRIPTION OF PROGRAM SERVICE TWO

LEGAL ASSISTANCE PROGRAM (CDBG): THIS PROGRAM ASSISTS TENANTS TO ASSERT THEIR LEGAL RIGHTS. THE MAJORITY OF THE FUNDING FOR THIS PROGRAM COMES FROM SETTLEMENTS OF LAWSUITS AND COURT-AWARDED LEGAL FEES. A COMMUNITY DEVELOPMENT BLOCK GRANT ALSO FUNDS A PORTION OF THE PROGRAM. THE PROGRAM HAS A MIX OF REVENUE AND NON-REVENUE GENERATING LITIGATION, AS WELL AS A SUBSTANTIAL AMOUNT OF NON-LITIGATION REPRESENTATION FOR LOW-INCOME TENANTS WHERE NO FEES OF ANY KIND ARE CHARGED OR COLLECTED. MOST OF THE REVENUE GENERATING CASES ARE ON A CONTINGENCY FEE BASIS.

TO FORM 990, PART III, LINE B

GRANTS	EXPENSES
	767,039.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT

6

DESCRIPTION OF PROGRAM SERVICE THREE

HOUSING SERVICE PROGRAM: THIS PROGRAM PROVIDES HOUSING, RENTAL AND PAYMENT ASSISTANCE WHERE THE ORGANIZATION ACTS AS A DISBURSING AGENT. COMPREHENSIVE CASE MANAGEMENT IS ALSO OFFERED TO ADULT CLIENTS UNDER THE SHELTER PLUS CARE PROGRAM AND FAMILIES THROUGH THE FAMILY HOUSING SUBSIDY PROGRAM. THESE SERVICES ARE TARGETED TO LOW-INCOME INDIVIDUALS, LOW-INCOME FAMILIES AND HOMELESS INDIVIDUALS WHO MAY BE MENTALLY ILL, HAVE CHRONIC SUBSTANCE ABUSE PROBLEMS, AND/OR BE AFFLICTED WITH DISABLING HIV, AIDS OR RELATED DISORDERS. THIS PROGRAM IS FUNDED BY FEDERAL AND LOCAL GOVERNMENT AGENCIES UNDER VARIOUS CONTRACTS, WITH THE MAJORITY OF FUNDING FROM HSA.

TO FORM 990, PART III, LINE C

GRANTS

EXPENSES

	686,156.
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FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT

7

DESCRIPTION OF PROGRAM SERVICE FOUR

TENANTS ORGANIZING AND OUTREACH: THIS PROGRAM OPERATES THE CENTRAL CITY AND MISSION SRO COLLABORATIVES (COLLABORATIVES), CODE ENFORCEMENT OUTREACH PROGRAM (CEOP), LIFELINE MUNI FAST PASS OUTREACH (LIFELINE) AND THE LA VOZ LATINA DE LA CIUDAD CENTRAL (LA VOZ). FUNDING FOR THIS PROGRAM IS FROM LOCAL GOVERNMENT AGENCIES AND FOUNDATION GRANTS. THE FOLLOWING CITY AND COUNTY OF SAN FRANCISCO AGENCIES FUND THIS PROGRAM: DEPARTMENT OF PUBLIC HEALTH, DEPARTMENT OF BUILDING INSPECTION AND TRANSPORTATION AUTHORITY. THE COLLABORATIVES, CEOP AND LIFELINE PROVIDE TENANT OUTREACH, COUNSELING AND TENANT ORGANIZING TO SRO AND LOW-INCOME RESIDENTS OF SAN FRANCISCO. THE COLLABORATIVES OPERATE A TENANT REPRESENTATIVE PROGRAM AT VARIOUS SRO HOTELS TO ENHANCE STABILITY IN THE HOTELS AND ADDRESS RESIDENTIAL COMMUNITY CONCERNS. TENANT REPRESENTATIVES, WITH THE HELP OF THE ORGANIZATION'S TENANT ORGANIZERS, CONDUCT REGULAR MEETINGS AND RESPOND TO TENANT CONCERNS. LA VOZ ENGAGES AND EDUCATES LATINO FAMILIES LIVING IN THE TENDERLOIN COMMUNITY OF SAN FRANCISCO.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		517,228.

FORM 990

STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE
PART III

STATEMENT

8

EXPLANATION

THE ORGANIZATION PRIMARY PURPOSES ARE TO PRESERVE, EXPAND AND STABILIZE LOW-INCOME HOUSING IN THE TENDERLOIN AND SURROUNDING COMMUNITIES OF SAN FRANCISCO, CALIFORNIA, ASSIST TENANTS TO ASSERT THEIR LEGAL RIGHTS, PROVIDE CULTURALLY COMPETENT SUPPORT SERVICES, AND CREATE EMPLOYMENT AND LEADERSHIP OPPORTUNITIES FOR FORMERLY HOMELESS TENANTS.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 9

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
GALVIN APARTMENTS: THE ORGANIZATION MANAGES A STUDIO APARTMENT BUILDING NAMED IN HONOR OF SISTER BERNIE GALVIN OF RELIGIOUS WITNESS WITH HOMELESS PEOPLE.	0.	135,161.
BEYOND CHRON: THIS IS A DAILY ONLINE NEWS SITE THAT PROVIDES NEWS AND ANALYSIS ABOUT ISSUES PRIMARILY RELATED TO SAN FRANCISCO.	0.	13,222.
495 MINNA STREET: THE ORGANIZATION MANAGES TWO ARTIST LIVE / WORK UNITS AND AN ART GALLERY SPACE LOCATED AT 495 MINNA STREET.	0.	11,311.
TOTAL TO FORM 990, PART III, LINE E		159,694.

FORM 990 OTHER ASSETS STATEMENT 10

DESCRIPTION	AMOUNT
ADVANCE	0.
CASH HELD AS 495 MINNA ST FUND	42,249.
CASH HELD AS TRUSTEE FOR LEGAL CLIENTS	0.
CASH HELD AS TRUSTEE FOR TENANT ASSOCIATION	0.
CASH HELD FOR REHAB OF SENECA HOTEL	202.
DEPOSIT	318,293.
CASH HELD FOR HOTEL RENOVATION	155,867.
ATTORNEY FEES RECEIVABLE	5,398.
OTHER RECEIVABLES	11,896.
DEPOSITS FOR GALVIN APARTMENTS	31,008.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	564,913.

FORM 990 OTHER LIABILITIES STATEMENT 11

DESCRIPTION	AMOUNT
CLIENTS FUNDS	403,097.
FUNDS HELD FOR 495 MINNA ST	42,249.
FUNDS HELD IN TRUST FOR LEGAL CLIENT	0.
FUNDS HELD IN TRUST FOR TENANT ASSOC	0.
SENECA HOTEL REHAB FUND	202.
TENANT SECURITY DEPOSITS - GALVIN APARTMENTS	30,890.

HOTEL RENOVATION FUND	155,867.
OTHER CURRENT LIABILITIES	898.
	<hr/>
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	633,203.
	<hr/> <hr/>

FORM 990 OTHER SECURITIES STATEMENT 12

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
	COST	
INVESTMENT IN MUTUAL FUNDS		8,712.
		<hr/>
TO FORM 990, LINE 54B, COL B		8,712.
		<hr/> <hr/>

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 13

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RANDY SHAW 126 HYDE STREET SAN FRANCISCO CA, 94102	EXECUTIVE DIRECTOR 40.00	118,690.	0.	0.
PHILLIP MORGAN 126 HYDE STREET SAN FRANCISCO CA, 94102	PRESIDENT 1.00	0.	0.	0.
MEREDITH WALTERS 126 HYDE STREET SAN FRANCISCO CA, 94102	AUDIT COMMITTEE CHAIR 1.00	0.	0.	0.
CHRIS TIEDEMANN 126 HYDE STREET SAN FRANCISCO CA, 94102	TREASURER 1.00	0.	0.	0.
JAZZIE COLLINS 126 HYDE STREET SAN FRANCISCO CA, 94102	BOARD MEMBER 1.00	0.	0.	0.
TERRIE FRYE 126 HYDE STREET SAN FRANCISCO CA, 94102	BOARD MEMBER 1.00	0.	0.	0.

OTTO DUFTY 126 HYDE STREET SAN FRANCISCO CA, 94102	BOARD MEMBER 1.00	0.	0.	0.
KRISTA GAETA 126 HYDE STREET SAN FRANCISCO CA, 94102	BOARD MEMBER 1.00	0.	0.	0.
RANDY WILSON 126 HYDE STREET SAN FRANCISCO CA, 94102	BOARD MEMBER 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		118,690.	0.	0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 14

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	THESE ARE REVENUES FROM LAW SUITS FILED FOR REPRESENTING LOW INCOME IN INDIVIDUALS WHO COULD NOT OTHERWISE AFFORD TO BE REPRESENTED IN MATTERS REGARDING UNLAWFUL EVICTIONS , DISCRIMINATIONS, ILLEGAL LOCKOUTS&ILLEGAL CONVERSIONS OF RENTAL UNITS. THIS REVENUE IS USED TO FUND OTHER SUITS FOR OTHER LOW INCOME PEOPLE FOR WHOM ATTORNEY FEES WOULD NOT BE AWARDED. ALSO, THE MONEY RECEIVED FROM THESE ACTIONS IS USED TO FUND ALL THE OTHER HOMELESS PROGRAMS UNTIL REIMBURSEMENT FROM OTHER FUNDING AGENCIES. WITHOUT THIS MONEY ALL THE OTHER HOMELESS PROGRAMS WOULD FALTER FOR LACK OF TIMELY PAYMENT.
93B	THIS IS RENTAL AND LAUNDRY INCOME RECEIVED FROM TENANTS THAT IS USED TO PAY THE RENT OF MASTER LEASES AND MANAGEMENT FEES. PROVIDING HOUSING TO HOMELESS AND LOW INCOME INDIVIDUALS AND FAMILIES IS AN EXEMPT FUNCTION OF THC.
93C	IN OCTOBER 2006, THE ORGANIZATION BEGAN MANAGING THE 56-UNIT STUDIO APARTMENT BUILDING LOCATED AT 785 BRANNAN STREET. THE UNITS IN THIS BUILDING ARE RENTED TO TO VERY LOW INCOME TENANTS WHO HAVE PREVIOUSLY LIVED IN AN SRO. RENTAL REVENUE FROM THE BUILDING PAYS FOR THE EXPENSES ASSOCIATED WITH MANAGING AND OPERATING THE PROPERTY.

SCHEDULE A OTHER INCOME STATEMENT 15

DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
MISCELLANEOUS	6,330.	7,014.	2,772.	24,296.
TOTAL TO SCHEDULE A, LINE 22	6,330.	7,014.	2,772.	24,296.

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy		
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization TENDERLOIN HOUSING CLINIC, INC.	Employer identification number 94-2681706
	Number, street, and room or suite no. If a P O box, see instructions 126 HYDE STREET	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions SAN FRANCISCO, CA 94102	

Check type of return to be filed (File a separate application for each return):

- Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870
- Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **WYNNE TANG**
Telephone No **415-885-3286** FAX No _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for
- 4 I request an additional 3-month extension of time until **MAY 15, 2008**
- 5 For calendar year _____, or other tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension

ADDITIONAL EXTENSION OF TIME IS REQUIRED IN ORDER TO GATHER ALL ITEMS OF INCOME AND DEDUCTION SO THAT A COMPLETE AND ACCURATE RETURN MAY BE FILED

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature _____ Title _____ Date _____

Notice to Applicant. (To Be Completed by the IRS)

- We have approved this application. Please attach this form to the organization's return
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

823832 05-01-07