

**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2007**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

Open to Public Inspection

**A** For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>TENDERLOIN HOUSING CLINIC, INC.</b>	<b>D</b> Employer identification number <b>94-2681706</b>
	Please use IRS label or print or type See Specific Instructions Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>126 HYDE STREET</b>	<b>E</b> Telephone number <b>415-885-3286</b>
	City or town, state or country, and ZIP + 4 <b>SAN FRANCISCO, CA 94102</b>	<b>F</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (Specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**H** and **I** are not applicable to section 527 organizations.

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates ▶ **N/A**

**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number ▶ **N/A**

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

**G** Website: ▶ **N/A**

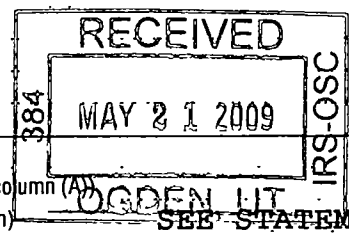
**J** Organization type (check only one) ▶  501(c)(3) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **23,736,661.**

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

		1a		1b		1c		1d		1e		
Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:											
	<b>a</b> Contributions to donor advised funds											
	<b>b</b> Direct public support (not included on line 1a)											
	<b>c</b> Indirect public support (not included on line 1a)											
	<b>d</b> Government contributions (grants) (not included on line 1a)											
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <b>15,041,153.</b> noncash \$ )											<b>15,041,153.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)											<b>8,658,842.</b>
	<b>3</b> Membership dues and assessments											
	<b>4</b> Interest on savings and temporary cash investments											<b>2,294.</b>
	<b>5</b> Dividends and interest from securities											
	<b>6 a</b> Gross rents <b>SEE STATEMENT 1</b>		<b>6a</b>									
	<b>b</b> Less: rental expenses		<b>6b</b>									
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a											<b>32,235.</b>	
<b>7</b> Other investment income (describe ▶ )											<b>32,235.</b>	
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities											
	(B) Other											
	<b>8a</b>											
	<b>8b</b>											
<b>c</b> Gain or (loss) (attach schedule)		<b>8c</b>										
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)												
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>												
<b>a</b> Gross revenue (not including \$ of contributions reported on line 1b)		<b>9a</b>										
<b>b</b> Less: direct expenses other than fundraising expenses		<b>9b</b>										
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a												
<b>10 a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>										
	<b>b</b> Less: cost of goods sold		<b>10b</b>									
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a											
<b>11</b> Other revenue (from Part VII, line 103)											<b>2,137.</b>	
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11											<b>23,736,661.</b>	
Expenses	<b>13</b> Program services (from line 44, column (B))										<b>21,700,638.</b>	
	<b>14</b> Management and general (from line 44, column (C))										<b>1,657,613.</b>	
	<b>15</b> Fundraising (from line 44, column (D))											
	<b>16</b> Payments to affiliates (attach schedule)											
	<b>17</b> Total expenses. Add lines 16 and 44, column (A)											<b>23,358,251.</b>
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12											<b>378,410.</b>	
Net Assets	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))										<b>2,304,604.</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)										<b>5,450,000.</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20											<b>8,133,014.</b>



SCANNED JUL 02 2009

723001 12-27-07

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

Form 990 (2007)

**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.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part 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)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	124,832.	53,678.	71,154.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	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)				
26 Salaries and wages of employees not included on lines 25a, b, and c	8,533,040.	7,587,250.	945,790.	
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	2,033,932.	1,936,162.	97,770.	
29 Payroll taxes	652,236.	575,625.	76,611.	
30 Professional fundraising fees				
31 Accounting fees	31,723.		31,723.	
32 Legal fees	174,962.	168,751.	6,211.	
33 Supplies				
34 Telephone				
35 Postage and shipping				
36 Occupancy	270,460.	185,511.	84,949.	
37 Equipment rental and maintenance	617,410.	609,438.	7,972.	
38 Printing and publications	66,627.	48,756.	17,871.	
39 Travel	11,131.	9,466.	1,665.	
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	380,467.	268,880.	111,587.	
43 Other expenses not covered above (itemize):				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g <b>SEE STATEMENT 3</b>	10,461,431.	10,257,121.	204,310.	
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	23,358,251.	21,700,638.	1,657,613.	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 (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)	
<b>a</b> <u>SEE STATEMENT 4</u>         	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	19,283,212.
<b>b</b> <u>SEE STATEMENT 5</u>         	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,029,183.
<b>c</b> <u>SEE STATEMENT 6</u>         	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	658,180.
<b>d</b> <u>SEE STATEMENT 7</u>         	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	482,479.
<b>e</b> Other program services (attach schedule) <u>SEE STATEMENT 9</u>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	247,584.
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	21,700,638.

Form 990 (2007)

**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	598,522.	45	1,702,744.	
	46	Savings and temporary cash investments	37,109.	46	38,286.	
	47 a	Accounts receivable	47a	521,268.		
	b	Less: allowance for doubtful accounts	47b		47c	521,268.
	48 a	Pledges receivable	48a			
	b	Less: allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees			50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b	
	51 a	Other notes and loans receivable	51a			
	b	Less: allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		58,716.	53	61,379.
	54 a	Investments - publicly-traded securities			54a	
	b	Investments - other securities	STMT 12	<input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	8,960.
55 a	Investments - land, buildings, and equipment: basis	55a	163,500.			
b	Less accumulated depreciation	55b	163,500.	55c	163,500.	
56	Investments - other			56		
57 a	Land, buildings, and equipment, basis	57a	8,274,526.			
b	Less accumulated depreciation	57b	1,173,951.	57c	7,100,575.	
58	Other assets, including program-related investments (describe SEE STATEMENT 10 )		564,913.	58	505,033.	
59	<b>Total assets</b> (must equal line 74) Add lines 45 through 58		4,657,471.	59	10,101,745.	
Liabilities	60	Accounts payable and accrued expenses	1,247,709.	60	937,385.	
	61	Grants payable		61		
	62	Deferred revenue		62		
	63	Loans from officers, directors, trustees, and key employees		63		
	64 a	Tax-exempt bond liabilities			64a	
	b	Mortgages and other notes payable		471,955.	64b	704,949.
	65	Other liabilities (describe SEE STATEMENT 11 )		633,203.	65	326,397.
66	<b>Total liabilities.</b> Add lines 60 through 65		2,352,867.	66	1,968,731.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted	2,264,902.	67	8,097,250.	
	68	Temporarily restricted	39,702.	68	35,764.	
	69	Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds		70		
	71	Paid-in or capital surplus, or land, building, and equipment fund		71		
	72	Retained earnings, endowment, accumulated income, or other funds		72		
73	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		2,304,604.	73	8,133,014.	
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		4,657,471.	74	10,101,745.	





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 <i>quid pro quo</i> contributions?	X	
83a			
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 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
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		
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	
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>		
89e			
e	All organizations: At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f			
f	All organizations: Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g			
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
90 a	List the states with which a copy of this return is filed <u>CA</u>		
90b			
b	Number of employees employed in the pay period that includes March 12, 2007		232
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>		X
91b			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

**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.)

	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					463,147.
b HOTEL RENTAL INCOME					7,837,828.
c GALVIN APARTMENT RENTAL					
d INCOME					357,867.
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	2,294.	
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	32,235.	
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	2,137.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		36,666.	8,658,842.
105 Total (add line 104, columns (B), (D), and (E))					8,695,508.

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).
▼	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	% % %	INTERNET NEWS	<20,890.>	

**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 entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- ----- -----					
b	----- ----- -----					
c	----- ----- -----					
<b>Totals</b>						

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.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- ----- -----					
b	----- ----- -----					
c	----- ----- -----					
<b>Totals</b>						

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?

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.

Please Sign Here: *Raguel Fox* Signature of officer, Date: *15-15-09*

Type or print name and title: *Raguel Fox (Secretary of PHC)*

Paid Preparer's Use Only: Preparer's signature: *Janet R Holland*, Date: *5/12/09*, Check if self-employed:  Preparer's SSN or PTIN (See Gen Inst X): \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: *DAORO ZYDEL & HOLLAND LLP*, *135 MAIN STREET, 9TH FLOOR*, *SAN FRANCISCO, CA 94105-1815*

EIN: \_\_\_\_\_ Phone no.: *(415) 781-2500*

**Organization Exempt Under Section 501(c)(3)**

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

**2007**

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Department of the Treasury  
Internal Revenue Service

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 1 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
<u>STEVEN COLLIER</u> <u>126 HYDE STREET, SAN FRANCISCO CA, 94</u>	<u>STAFF ATTORNEY</u> <u>40.00</u>	<u>95,795.</u>		
<u>RAQUEL FOX</u> <u>126 HYDE STREET, SAN FRANCISCO CA, 94</u>	<u>STAFF ATTORNEY</u> <u>40.00</u>	<u>91,800.</u>		
<u>CATHY CLAGETT</u> <u>126 HYDE STREET, SAN FRANCISCO CA, 94</u>	<u>DIRECTOR OF HUMAN RE</u> <u>40.00</u>	<u>78,398.</u>		
<u>GERI FELDMAN</u> <u>126 HYDE STREET, SAN FRANCISCO CA, 94</u>	<u>DIRECTOR OF BUSINESS</u> <u>40.00</u>	<u>76,825.</u>		
<u>JAMES HOLLAND</u> <u>126 HYDE STREET, SAN FRANCISCO CA, 94</u>	<u>DIRECTOR OF PROPERTY</u> <u>40.00</u>	<u>74,000.</u>		
Total number of other employees paid over \$50,000 ▶	<b>19</b>			

**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
<u>ARNOLD EVJE III</u> <u>995 MARKET SUITE 15, SAN FRANCISCO CA, 94103</u>	<u>EVICTON LAWYER</u>	<u>143,401.</u>
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	<b>0</b>	

**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
<u>NONE</u>		
-----		
-----		
-----		
-----		
Total number of other contractors receiving over \$50,000 for other services ▶	<b>0</b>	

**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)? <b>SEE PART V-A, FORM 990</b>	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 8 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)(vii). (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 8 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	
<b>Total</b>					<input type="checkbox"/>

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	12857089.	11326262.	9,073,460.	6,668,766.	39,925,577.
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	8,480,976.	7,003,547.	6,310,541.	4,970,878.	26,765,942.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	40,069.	10,494.	10,961.	10,663.	72,187.
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	68,212.	6,330.	SEE STATEMENT 15 7,014.	2,772.	84,328.
23 Total of lines 15 through 22	21446346.	18346633.	15401976.	11653079.	66,848,034.
24 Line 23 minus line 17	12965370.	11343086.	9,091,435.	6,682,201.	40,082,092.
25 Enter 1% of line 23	214,463.	183,466.	154,020.	116,531.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 801,642.
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 2003 through 2006 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 40,082,092.
d Add: Amounts from column (e) for lines: 18 72,187. 19 _____					26d 156,515.
22 84,328. 26b _____					26e 39,925,577.
e Public support (line 26c minus line 26d total)					26f 99.6095%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
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					
(2006) (2005) (2004) (2003)					
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					
(2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					27c N/A
17 _____ 20 _____ 21 _____					27d N/A
d Add: Line 27a total _____ and line 27b total _____					27e N/A
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			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 2003 through 2006, 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.)		
_____			
_____			
_____			
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	
_____			
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	
_____			
_____			
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 11 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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		<b>N/A</b>	
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 -                      The lobbying nontaxable amount 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	41	
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) 2007	(b) 2006	(c) 2005	(d) 2004	(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 14 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:			Amount
	Yes	No	
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  
 FIXED ASSETS  
 JUNE 30, 2008  
 FEIN 94-2681706

Acc #	Balance Jun. 30, 2007	COST		Balance Jun. 30, 2008	Acc #	Balance Jun. 30, 2007	ACCUM DEPN		Balance Jun. 30, 2008
		Additions	Removals				Additions	Removals	
1605 Land - Galvn Apts	-	849,000	-	849,000					
1610 Furniture, fixtures & equipment	332,567	121,845	-	454,412	1670	(213,495)	(77,691)		(291,186)
1620 Buildings - Galvin	-	4,601,000	-	4,601,000	1720	-	(91,060)		(91,060)
1630 Leasehold improvements (LHI)	1,271,487	126,814	-	1,398,301	1680	(334,465)	(138,244)		(472,709)
1640 Software	-	9,360	-	9,360	1680	-	-		-
1710 Furniture, fixtures & equipment	46,396	-	-	46,396	1711	(46,396)	-		(46,396)
1731 LHI-Jefferson	10,300	-	-	10,300	1736	(7,357)	(1,471)		(8,828)
1732 LHI-Vincent	163,239	-	-	163,239	1737	(59,275)	(10,882)		(70,157)
1733 LHI-Hartland	317,100	-	-	317,100	1738	(120,693)	(45,300)		(165,993)
1734 LHI-Mission	205,391	-	-	388,304		-	(10,517)		(10,517)
1740 Vehicles	37,114	-	-	37,114	1745	(11,803)	(5,302)		(17,105)
<b>Total</b>	<b>2,383,594</b>	<b>5,890,932</b>	<b>-</b>	<b>8,274,526</b>		<b>(793,484)</b>	<b>(380,467)</b>	<b>-</b>	<b>(1,173,951)</b>

PPE Net of Accumulated Depreciation 7,100,575

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	32,235.
TOTAL TO FORM 990, PART I, LINE 6A			32,235.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
DESCRIPTION		AMOUNT	
CONTRIBUTION OF GALVIN APARTMENTS		5,450,000.	
TOTAL TO FORM 990, PART I, LINE 20		5,450,000.	

FORM 990	OTHER EXPENSES			STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
INSURANCE	184,959.	165,054.	19,905.		
COMMUNITY EVENTS	69,476.	69,266.	210.		
BED BUG CONTRACT	173,328.	173,328.			
SUBCONTRACTORS	10,283.	10,283.			
CONSULTANTS AND OUTSIDE SERVICES	173,063.	94,911.	78,152.		
ELEVATOR	85,618.	85,618.			
APARTMENT SEARCH FEES	588.	588.			
TENANT SCREENING	4,858.	4,858.			
UTILITIES	1,766,400.	1,746,624.	19,776.		
HOTEL LEASES	6,438,558.	6,438,558.			
LITIGATION EXPENSES	44,325.	44,325.			
OFFICE EXPENSES	178,383.	127,217.	51,166.		
BANK AND FINANCE CHARGES	15,195.	7,986.	7,209.		
SUBSIDY PAYMENTS	1,245,125.	1,245,125.			
STAFF DEVELOPMENT	25,142.	9,848.	15,294.		
TAXES	17,262.	17,007.	255.		
MINOR CAPITAL EXPENDITURES	17,377.	13,657.	3,720.		

BAD DEBT	349.	78.	271.
MISCELLANEOUS	11,142.	2,790.	8,352.
TOTAL TO FM 990, LN 43	10,461,431.	10,257,121.	204,310.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 4

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 THE ORGANIZATION'S FIFTEEN MASTER-LEASED HOTELS. THE ORGANIZATION'S 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 HSA SINCE JULY 1, 2000.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		19,283,212.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT

5

DESCRIPTION OF PROGRAM SERVICE TWO

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 B

GRANTS

EXPENSES

1,029,183.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE THREE

LEGAL ASSISTANCE PROGRAM: 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. THE HUMAN SERVICES AGENCY OF THE CITY AND COUNTY OF SAN FRANCISCO (HSA) FUNDS A PORTION OF THIS PROGRAM TO PROVIDE LEGAL REPRESENTATION TO LONG TERM SENIOR AND DISABLED SAN FRANCISCO TENANTS FACING EVICTION UNDER THE ELLIS ACT. A COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) 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 C

GRANTS

EXPENSES

658,180.

DESCRIPTION OF PROGRAM SERVICE FOUR

TENANTS' ORGANIZING AND OUTREACH: THIS PROGRAM OPERATES THE CENTRAL CITY SRO COLLABORATIVE, 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, DEPARTMENT OF CHILDREN, YOUTH AND THEIR FAMILIES AND TRANSPORTATION AUTHORITY. THE COLLABORATIVE, CEOP AND LIFELINE PROVIDE TENANT OUTREACH, COUNSELING AND TENANT ORGANIZING TO SRO AND LOW-INCOME RESIDENTS OF SAN FRANCISCO. THE COLLABORATIVE OPERATES 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 AND IMMIGRANT FAMILIES LIVING IN THE TENDERLOIN COMMUNITY OF SAN FRANCISCO.

WITH A GRANT FROM THE MAYOR'S OFFICE OF ECONOMIC DEVELOPMENT, THE ORGANIZATION IS ALSO PERFORMING THE RESEARCH, PREPARING THE DOCUMENTATION AND SHEPARDING THE PROCESS TO ESTABLISH THE TENDERLOIN NEIGHBORHOOD OF SAN FRANCISCO AS A HISTORIC DISTRICT BOTH IN CALIFORNIA AND NATIONALLY.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		482,479.

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 OWNS AND MANAGES A STUDIO APARTMENT BUILDING NAMED IN HONOR OF SISTER BERNIE GALVIN OF RELIGIOUS WITNESS WITH HOMELESS PEOPLE.	0.	211,208.
BEYOND CHRON: THIS IS A DAILY ONLINE NEWS SITE THAT PROVIDES NEWS AND ANALYSIS ABOUT ISSUES PRIMARILY RELATED TO SAN FRANCISCO.	0.	20,890.
495 MINNA STREET: THE ORGANIZATION MANAGES TWO ARTIST LIVE / WORK UNITS AND AN ART GALLERY SPACE LOCATED AT 495 MINNA STREET.	0.	9,889.
MISCELLANEOUS	0.	5,597.
TOTAL TO FORM 990, PART III, LINE E		<u>247,584.</u>

FORM 990

OTHER ASSETS

STATEMENT 10

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CASH HELD AS 495 MINNA ST FUND	42,249.	31,509.
CASH HELD FOR REHAB OF SENECA HOTEL DEPOSIT	202.	46.
CASH HELD FOR HOTEL RENOVATION	318,293.	299,485.
ATTORNEY FEES RECEIVABLE	155,867.	24,741.
OTHER RECEIVABLES	5,398.	104,210.
EMPLOYEE ADVANCE	11,896.	10,381.
DEPOSITS FOR GALVIN APARTMENTS	31,008.	3,218.
TOTAL TO FORM 990, PART IV, LINE 58	<u>564,913.</u>	<u>505,033.</u>

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FORM 990	OTHER LIABILITIES	STATEMENT 11
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CLIENTS FUNDS	403,097.	229,439.
FUNDS HELD FOR 495 MINNA ST	42,249.	31,509.
SENECA HOTEL REHAB FUND	202.	46.
TENANT SECURITY DEPOSITS - GALVIN APARTMENTS	30,890.	32,613.
HOTEL RENOVATION FUND	155,867.	24,741.
OTHER CURRENT LIABILITIES	898.	8,049.
TOTAL TO FORM 990, PART IV, LINE 65	633,203.	326,397.

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FORM 990	OTHER SECURITIES	STATEMENT 12
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
INVESTMENT IN MUTUAL FUNDS	COST	8,960.
TO FORM 990, LINE 54B, COL B		8,960.

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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	124,832.	0.	0.
PHILLIP MORGAN 126 HYDE STREET SAN FRANCISCO CA, 94102	BOARD 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	BOARD 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.
DEAN PRESTON 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		124,832.	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	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
MISCELLANEOUS	68,212.	6,330.	7,014.	2,772.
TOTAL TO SCHEDULE A, LINE 22	68,212.	6,330.	7,014.	2,772.