

Return of Organization Exempt From Income Tax

2005

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

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 2005 calendar year, or tax year beginning 7/01, 2005, and ending 6/30, 2006

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. TENDERLOIN HOUSING CLINIC, 126 HYDE STREET, SAN FRANCISCO, CA 94102. D Employer Identification Number 94-2681706. E Telephone number 415-885-3286. F Accounting method: Cash, Accrual, Other (specify).

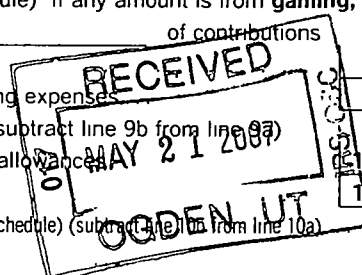
G Web site: N/A. J Organization type (check only one) [X] 501(c) 3 (insert no) [] 4947(a)(1) or [] 527. K Check here [] if the organization's gross receipts are normally not more than \$25,000.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 18,526,773. H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? [] Yes [X] No. H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? [] Yes [] No. H (d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No.

I Group Exemption Number. M Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows and multiple columns. Row 1: Contributions, gifts, grants, and similar amounts received. Sub-rows 1a-1c: Direct public support (139,223), Indirect public support, Government contributions (11,187,039). Row 1d: Total (11,326,262). Row 2: Program service revenue (7,183,687). Row 3: Membership dues and assessments. Row 4: Interest on savings and temporary cash investments (1,764). Row 5: Dividends and interest from securities. Row 6a-6c: Gross rents (8,730), Less rental expenses, Net rental income (8,730). Row 7: Other investment income. Row 8a-8c: Gross amount from sales of assets other than inventory, Less cost or other basis and sales expenses, Gain or (loss). Row 8d: Net gain or (loss). Row 9: Special events and activities. Sub-rows 9a-9c: Gross revenue, Less direct expenses other than fundraising expenses, Net income or (loss). Row 10a-10c: Gross sales of inventory, Less cost of goods sold, Gross profit or (loss). Row 11: Other revenue (6,330). Row 12: Total revenue (18,526,773). Row 13: Program services (16,919,423). Row 14: Management and general (1,425,264). Row 15: Fundraising. Row 16: Payments to affiliates. Row 17: Total expenses (18,344,687). Row 18: Excess or (deficit) for the year (182,086). Row 19: Net assets or fund balances at beginning of year (2,008,949). Row 20: Other changes in net assets or fund balances. Row 21: Net assets or fund balances at end of year (2,191,035).



SCANNED JUN 27 2007 10:27 AM

4

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
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	104,757.	0.	104,757.	0.
26 Other salaries and wages	26	6,414,597.	5,781,879.	632,718.	
27 Pension plan contributions	27				
28 Other employee benefits	28	1,363,171.	1,076,719.	286,452.	
29 Payroll taxes	29	614,407.	544,905.	69,502.	
30 Professional fundraising fees	30				
31 Accounting fees	31	32,000.	1,385.	30,615.	
32 Legal fees	32	111,251.	109,251.	2,000.	
33 Supplies	33	135,065.	103,477.	31,588.	
34 Telephone	34	195,036.	180,709.	14,327.	
35 Postage and shipping	35				
36 Occupancy	36	5,672,051.	5,632,215.	39,836.	
37 Equipment rental and maintenance	37				
38 Printing and publications	38	46,461.	33,934.	12,527.	
39 Travel	39	9,389.	8,458.	931.	
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	186,343.	154,447.	31,896.	
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 1	43a	3,460,159.	3,292,044.	168,115.	
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	18,344,687.	16,919,423.	1,425,264.	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 \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

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 2</u> 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.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
a <u>SEE STATEMENT 3</u> ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	16,919,423.
b ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	16,919,423.

BAA

Part IV Balance Sheets (See 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	852,651.	45	1,068,384.	
	46 Savings and temporary cash investments	45,773.	46	35,527.	
	47a Accounts receivable	1,176,850.			
	b Less: allowance for doubtful accounts		47b		
			996,710.	47c	1,176,850.
	48a Pledges receivable				
	b Less: allowance for doubtful accounts			48c	
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a Other notes & loans receivable (attach sch)				
	b Less: allowance for doubtful accounts			51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges		33,066.	53	58,303.
	54 Investments – securities (attach schedule)		8,469.	54	8,329.
	55a Investments – land, buildings, & equipment: basis	163,500.			
	b Less: accumulated depreciation (attach schedule) STATEMENT 4				
			163,500.	55c	163,500.
	56 Investments – other (attach schedule)			56	
	57a Land, buildings, and equipment: basis	1,669,063.			
b Less: accumulated depreciation (attach schedule) STATEMENT 5	584,072.				
		784,409.	57c	1,084,991.	
58 Other assets (describe SEE STATEMENT 6)		278,040.	58	361,733.	
59 Total assets (must equal line 74) Add lines 45 through 58		3,162,618.	59	3,957,617.	
LIABILITIES	60 Accounts payable and accrued expenses.	575,289.	60	903,246.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)			64a	
	b Mortgages and other notes payable (attach schedule) SEE STATEMENT 7		317,100.	64b	344,028.
	65 Other liabilities (describe SEE STATEMENT 8)		261,280.	65	519,308.
66 Total liabilities. Add lines 60 through 65		1,153,669.	66	1,766,582.	
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	2,008,949.	67	2,132,792.	
	68 Temporarily restricted		68	58,243.	
	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 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		2,008,949.	73	2,191,035.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		3,162,618.	74	3,957,617.

BAA

Form 990 (2005)

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	18,526,773.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	
	2 Donated services and use of facilities	b2	
	3 Recoveries of prior year grants	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	18,526,773.
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	18,526,773.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements.	a	18,344,687.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	18,344,687.
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	18,344,687.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 9		104,757.	0.	0.

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)		
	82 b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
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?		
	84 b N/A		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
	85 a N/A		
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	85 b N/A		
	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		
	c Dues, assessments, and similar amounts from members		
	85 c N/A		
	d Section 162(e) lobbying and political expenditures		
	85 d N/A		
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85 e N/A		
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85 f N/A		
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	85 g 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?		
	85 h N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86 a N/A		
	b Gross receipts, included on line 12, for public use of club facilities		
	86 b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87 a 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)		
	87 b N/A		
88	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
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.		
	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
	89 b		
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed ▶ NONE		
90 b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)		211
91 a	The books are in care of ▶ TENDERLOIN HOUSING CLINIC Telephone number ▶ 415-885-3286 Located at ▶ 126 HYDE STREET, SAN FRANCISCO CA ZIP + 4 ▶ 94102		
	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 ▶		X
	91 b		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Statements		
	c At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ▶		X
	91 c		
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	N/A	▶ <input type="checkbox"/>
	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) Exclusion code	(D) Amount	
93 Program service revenue:					
a ATTORNEY FEE					366,352.
b HOTEL RENTAL INCOME					6,817,335.
c					
d					
e					
f Medicare/Medicaid payments.					
g Fees & contracts from government agencies.					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	1,764.	
96 Dividends & interest from securities			14		
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	8,730.	
98 Net rental income or (loss) from pers prop.					
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					
b MISCELLANEOUS INCOME					6,330.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				10,494.	7,190,017.
105 Total (add line 104, columns (B), (D), and (E))					7,200,511.

Note: Line 105 plus line 1d, 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)
1	SEE STATEMENT 10

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
N/A	%			
	%			
	%			

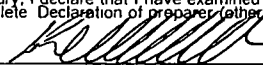
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

- 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)


Please Sign Here

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

Signature of officer:  Date: 5-14-07

Type or print name and title: Randy Shaw, ED

Paid Preparer's Use Only

Preparer's signature: CARL T. HO  Date: 5/11/07

Firm's name (or yours if self-employed), address, and ZIP + 4: LE, HO & COMPANY, LLP
1608 NORIEGA STREET
SAN FRANCISCO, CA 94122

Check if self-employed: Preparer's SSN or PTIN (See General instruction W): N/A

EIN: N/A

Phone no: (415) 665-1222

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**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

Supplementary Information — (See separate instructions.)

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

OMB No 1545-0047

2005

Name of the organization

TENDERLOIN HOUSING CLINIC

Employer identification number

94-2681706

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See 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 and deferred compensation	(e) Expense account and other allowances
KERRY ABBOTT 126 HYDE ST., SF, CA 94102 ,	DEPUTY DIRECTOR 40	94,748.	0.	0.
STEVE COLLIER 126 HYDE ST., SF, CA 94102 ,	STAFF ATTORNEY 40	90,270.	0.	0.
RAQUEL FOX 126 HYDE ST., SF, CA 94102 ,	STAFF ATTORNEY 40	76,500.	0.	0.
SARAH GORT 126 HYDE ST., SF, CA 94102 ,	DTR FINANCE ADM 40	78,030.	0.	0.
DEBBIE RAUCHER 126 HYDE ST., SF, CA 94102 ,	DTR CLIENT SERV 40	72,000.	0.	0.
Total number of other employees paid over \$50,000 ▶	9			

Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See 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 W. EVJE II 999 MARKET # 15, SAN FRANCISCO, CA ,		71,220.

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 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 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. ▶ \$ <u> </u> N/A (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)?	X	
e Transfer of any part of its income or assets?		X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?	X	
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

SEE FORM 990, PART V

Part IV Reason for Non-Private Foundation Status (See instructions)

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.)
- 11 a 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)
- 11 b 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 supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization Type 1 Type 2 Type 3

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28)	9,073,460.	6,668,766.	5,358,038.	7,316,895.	28,417,159.
16 Membership fees received					0.
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	6,310,541.	4,970,878.	4,415,856.	5,860,165.	21,557,440.
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	10,961.	10,663.	39,930.	29,863.	91,417.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
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					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE STMT 11.	7,014.	2,772.	24,296.	14,761.	48,843.
23 Total of lines 15 through 22	15,401,976.	11,653,079.	9,838,120.	13,221,684.	50,114,859.
24 Line 23 minus line 17	9,091,435.	6,682,201.	5,422,264.	7,361,519.	28,557,419.
25 Enter 1% of line 23	154,020.	116,531.	98,381.	132,217.	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24 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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts c Total support for section 509(a)(1) test: Enter line 24, column (e) d Add: Amounts from column (e) for lines:				26a 571,148. 26b 26c 28,557,419. 26d 140,260. 26e 28,417,159. 26f 99.51 %
e Public support (line 26c minus line 26d total)					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: N/A					
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	(2004) _____ (2003) _____ (2002) _____ (2001) _____				
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	(2004) _____ (2003) _____ (2002) _____ (2001) _____				
c Add. Amounts from column (e) for lines:	15 _____	16 _____	17 _____	20 _____	21 _____
d Add Line 27a total _____ and line 27b total _____					27c
e Public support (line 27c total minus line 27d total)					27d
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27e
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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					27h %

Part V Private School Questionnaire (See instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		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?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
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		
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.		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
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)	0.	0.
39	Other exempt purpose expenditures	18,344,687.	
40	Total exempt purpose expenditures (add lines 38 and 39)	18,344,687.	0.
41	Lobbying nontaxable amount Enter the amount from the following table --		
	If the amount on line 40 is --		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is --		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
41		1,000,000.	
42	Grassroots nontaxable amount (enter 25% of line 41)	250,000.	0.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	0.	0.
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	0.	0.

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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount	1,000,000.	904,682.	727,483.	606,714.	3,238,879.
46 Lobbying ceiling amount (150% of line 45(e))					4,858,319.
47 Total lobbying expenditures				728.	728.
48 Grassroots non-taxable amount	250,000.	226,171.	181,871.	151,679.	809,721.
49 Grassroots ceiling amount (150% of line 48(e))					1,214,582.
50 Grassroots lobbying expenditures				728.	728.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See 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:

- 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.)

Yes	No	Amount

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

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time – Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization TENDERLOIN HOUSING CLINIC	Employer identification number 94-2681706
	Number, street, and room or suite number. If a P.O. box, see instructions. 126 HYDE STREET	
	City, town or post office. For a foreign address, see instructions. SAN FRANCISCO, CA 94102	state ZIP code

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

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ TENDERLOIN HOUSING CLINIC

Telephone No ▶ 415-771-2427 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 will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 2/15, 20 07, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 - ▶ calendar year 20__ or
 - ▶ tax year beginning 7/01, 20 05, and ending 6/30, 20 06
- 2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- 3a 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. \$ _____ 0.
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____ 0.
- c **Balance Due.** Subtract line 3b from line 3a. 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. \$ _____ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

• 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 – Must File Original and One Copy.

Type or print <small>File by the extended due date for filing the return. See instructions</small>	Name of Exempt Organization TENDERLOIN HOUSING CLINIC	Employer identification number 94-2681706
	Number, street, and room or suite number 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):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720 | |

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 care of **TENDERLOIN HOUSING CLINIC**

Telephone No **415-771-2427** 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 organizations four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is **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 **5/15**, 20 **07**

5 For calendar year _____, or other tax year beginning **7/01**, 20 **05**, and ending **6/30**, 20 **06**

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 TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE AN ACCURATE AND COMPLETE TAX RETURN.**

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 \$ _____

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 \$ _____

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. \$ _____

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 **CPA** Date **2/9/07**

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 filed 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 Le, Ho & Company, LLP
	Number and street (include suite, room, or apartment number) or a P.O. box number 1608 Noriega Street
	City or town, province or state, and country (including postal or ZIP code) San Francisco, CA 94122

5/11/07

12:34PM

**STATEMENT 1
FORM 990, PART II, LINE 43
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BAD DEBTS	1,510.		1,510.	
BANK AND FINANCE CHARGES	10,533.	5,704.	4,829.	
BED BUGS CONTRACT	78,961.	78,961.		
CAPITAL EXPENDITURES	27,483.	21,149.	6,334.	
CONSULTANTS AND OUTSIDE SVC	157,300.	80,294.	77,006.	
ELEVATOR	57,005.	57,005.		
INSURANCE	149,370.	118,850.	30,520.	
LITIGATION	66,992.	66,992.		
MISCELLANEOUS	2,098.	1,152.	946.	
MOVING EXPENSES	4,709.	3,220.	1,489.	
OFFICE	72,298.	57,129.	15,169.	
OTHER PROFESSIONAL FEE	18,644.		18,644.	
REPAIR AND MAINTENANCE	509,533.	502,910.	6,623.	
SUBCONTRACTOR	97,213.	97,213.		
SUBSIDY PAYMENTS	1,072,064.	1,072,064.		
TELEVISION SERVICE	4,392.	4,392.		
TENANT SCREENING	5,240.	5,240.		
TRAINING AND EDUCATION	11,865.	7,158.	4,707.	
UTILITIES	1,112,949.	1,112,611.	338.	
TOTAL	\$ 3,460,159.	\$ 3,292,044.	\$ 168,115.	\$ 0.

**STATEMENT 2
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

PRESERVE AND IMPROVE HOUSING, ASSIST TENANTS TO ASSERT THEIR LEGAL RIGHTS, AND PROVIDE HOUSING AND OTHER ASSISTANCE TO LOW-INCOME AND HOMELESS INDIVIDUALS AND FAMILIES.

**STATEMENT 3
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
LEGAL ASSISTANCE PROGRAM: THIS PROGRAM ASSISTS TENANTS TO ASSERT THEIR LEGAL RIGHTS. MAJORITY FUNDING OF THIS PROGRAM COMES FROM SETTLEMENTS OF LAWSUITS AND COURT AWARDED LEGAL FEES. A PORTION OF THE FUNDING ALSO COMES FROM THE COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG). THE PROGRAM HAS A MIX OF REVENUE GENERATING 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. INCLUDES FOREIGN GRANTS: NO		619,525.

CLIENT TENDE630

TENDERLOIN HOUSING CLINIC

94-2681706

5/11/07

05:44PM

**STATEMENT 3 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
<p>HOUSING SERVICE PROGRAM: THIS PROGRAM PROVIDES THE FOLLOWING SERVICES: HOUSING ASSISTANCE, RENTAL ASSISTANCE, CASE MANAGEMENT, AND PAYMENT ASSISTANCE WHERE THC ACTS AS A DISBURSING AGENT. THESE SERVICES ARE TARGETED TO LOW-INCOME INDIVIDUALS AND FAMILIES, HOMELESS INDIVIDUALS WHO ARE MENTALLY ILL, CHRONIC SUBSTANCE ABUSE PROBLEMS, AND/OR ARE AFFLICTED WITH DISABLING HIV, AIDS, OR RELATED DISORDERS. THIS PROGRAM IS FUNDED BY FEDERAL AND LOCAL GOVERNMENT AGENCIES UNDER ANNUAL CONTRACTS WITH VARIOUS RENEWAL PERIODS. THE MAJOR FUNDING SOURCE IS FROM THE DEPARTMENT OF HUMAN SERVICES (DHS) OF THE CITY AND COUNTY OF SAN FRANCISCO.</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		558,618.
<p>SRO HOUSING PROGRAM: THIS PROGRAM (FORMERLY KNOWN AS MASTER LEASE) PROVIDES HOUSING TO HOMELESS TENANTS THROUGH MASTER LEASE AGREEMENTS FOR RESIDENTIAL HOTELS IN THE TENDERLOIN, MISSION AND SOUTH OF MARKET DISTRICTS OF SAN FRANCISCO, CALIFORNIA. THIS PROGRAM IS FUNDED BY A CONTRACT WITH DEPARTMENT OF HUMAN SERVICES (DHS) OF THE CITY AND COUNTY OF SAN FRANCISCO SINCE JULY 1, 2000 AND HAS BEEN RENEWED ON ANNUAL BASIS. THE HOTELS' OPERATING EXPENSES, INCLUDING LEASE PAYMENTS, ARE FUNDED BY A COMBINATION OF RENT COLLECTION AND DHS FUNDING.</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		15,190,116.
<p>TENANTS' ORGANIZING OUTREACH: THE TENANT OUTREACH AND ORGANIZING DEPARTMENT OPERATES THE CENTRAL CITY AND MISSION SRO COLLABORATIVES, THE CODE ENFORCEMENT PROGRAM AND THE LA VOZ LATINA PROGRAM. THESE PROGRAMS ARE FUNDED BY THE DEPARTMENT OF PUBLIC HEALTH, DEPARTMENT OF BUILDING INSPECTION AND FOUNDATION GRANTS. THESE PROGRAMS PROVIDE TENANT OUTREACH, COUNSELING AND TENANT ORGANIZING SERVICES TO SRO RESIDENTS LIVING IN THE TENDERLOIN AND MISSION DISTRICTS OF SAN FRANCISCO. THE COLLABORATIVE PROGRAMS OPERATE A TENANT REPRESENTATIVE PROGRAM IN ORDER TO ENHANCE STABILITY IN THE HOTELS AND ADDRESS RESIDENTIAL COMMUNITY CONCERNS. TENANT REPRESENTATIVES RESIDE IN VARIOUS HOTELS AND, WITH THE SUPPORT OF A TENANT ORGANIZER, HOLD REGULAR MEETINGS AND RESPOND TO TENANT CONCERNS. LA VOZ LATINA WAS CREATED DURING THE PAST YEAR WITH THE PURPOSE OF ENGAGING AND EDUCATING LATINO FAMILIES LIVING IN THE TENDERLOIN.</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		531,091.
<p>495 MINNA STREET: THIS IS MANAGEMENT OF TWO ARTISTS LIVE/WORK UNITS AND ONE ART GALLERY SPACE LOCATED AT 495 MINNA STREET.</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		5,119.
<p>BEYOND CHRON: THIS IS A DAILY ONLINE NEWS SITE THAT PROVIDES NEW STORIES PRIMARILY RELATED TO SAN FRANCISCO.</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		14,954.

\$ 0. \$ 16919423.

CLIENT TENDE630

TENDERLOIN HOUSING CLINIC

94-2681706

5/11/07

12 34PM

**STATEMENT 4
FORM 990, PART IV, LINE 55B
INVESTMENTS - LAND, BUILDINGS, AND EQUIPMENT**

<u>CATEGORY</u>	<u>BASIS</u>	<u>ACCUM. DEPREC.</u>	<u>BOOK VALUE</u>
BUILDINGS	\$ 163,500.	\$ 0.	\$ 163,500.
TOTAL	<u>\$ 163,500.</u>	<u>\$ 0.</u>	<u>\$ 163,500.</u>

**STATEMENT 5
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT**

<u>CATEGORY</u>	<u>BASIS</u>	<u>ACCUM. DEPREC.</u>	<u>BOOK VALUE</u>
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 20,585.	\$ 10,610.	\$ 9,975.
MACHINERY AND EQUIPMENT	322,304.	200,268.	122,036.
IMPROVEMENTS	1,326,174.	373,194.	952,980.
TOTAL	<u>\$ 1,669,063.</u>	<u>\$ 584,072.</u>	<u>\$ 1,084,991.</u>

**STATEMENT 6
FORM 990, PART IV, LINE 58
OTHER ASSETS**

ADVANCE	\$ 1,925.
CASH HELD AS 495 MINNA ST. FUND	47,321.
CASH HELD AS TRUSTEE FOR LEGAL CLIENTS	10,053.
CASH HELD AS TRUSTEE FOR TENANT ASSOCIAT	1,296.
CASH HELD FOR REHAB OF SENECA HOTEL	178.
DEPOSIT	300,960.
TOTAL	<u>\$ 361,733.</u>

**STATEMENT 7
FORM 990, PART IV, LINE 64B
MORTGAGES AND OTHER NOTES PAYABLE**

<u>MORTGAGES PAYABLE</u>	<u>BALANCE DUE</u>
CCSF - MOH	\$ 317,100.
CCSF - MOH	26,928.
TOTAL	<u>\$ 344,028.</u>

**STATEMENT 8
FORM 990, PART IV, LINE 65
OTHER LIABILITIES**

CLIENT FUNDS	\$ 460,460.
FUNDS HELD FOR 495 MINNA ST	47,321.
FUNDS HELD IN TRUST FOR LEGAL CLIENT	10,053.
FUNDS HELD IN TRUST FOR TENANT ASSOC	1,296.

CLIENT TENDE630

TENDERLOIN HOUSING CLINIC

94-2681706

5/11/07

12 34PM

STATEMENT 8 (CONTINUED)
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

SENECA HOTEL REHAB FUND

TOTAL	\$	178.
	\$	<u>519,308.</u>

STATEMENT 9
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
PHILIP MORGAN 126 HYDE STREET SAN FRANCISCO, CA 94102	PRESIDENT 1	\$ 0.	\$ 0.	\$ 0.
MATTHEW SMITH 126 HYDE STREET SAN FRANCISCO, CA 94102	DIRECTOR 1	0.	0.	0.
JAZZIE COLLINS 126 HYDE STREET SAN FRANCISCO, CA 94102	DIRECTOR 1	0.	0.	0.
MARC JANOWITZ 126 HYDE STREET SAN FRANCISCO, CA 94102	DIRECTOR 1	0.	0.	0.
RANDY SHAW 126 HYDE STREET SAN FRANCISCO, CA 94102	EXECUTIVE DIRE 40	104,757.	0.	0.
TERRIE FYE 126 HYDE STREET SAN FRANCISCO, CA 94102	DIRECTOR 1	0.	0.	0.
MATT KUMIN 126 HYDE STREET SAN FRANCISCO, CA 94102	SECRETARY 1	0.	0.	0.
CHRIS TIEDEMANN 126 HYDE STREET SAN FRANCISCO, CA 94102	TREASURER 1	0.	0.	0.
ANGEL QUILES 126 HYDE STREET SAN FRANCISCO, CA 94102	DIRECTOR 1	0.	0.	0.
PAUL HOGARTH 126 HYDE STREET SAN FRANCISCO, CA 94102	DIRECTOR 1	0.	0.	0.
	TOTAL	\$ 104,757.	\$ 0.	\$ 0.

CLIENT TENDE630

TENDERLOIN HOUSING CLINIC

94-2681706

5/11/07

05.35PM

**STATEMENT 10
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES**

LINE #	EXPLANATION OF ACTIVITIES
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.
93A	THESE ARE REVENUE FROM LAW SUITS FILED FOR REPRESENTING LOW INCOME INDIVIDUALS WHO COULD NOT OTHERWISE AFFORD TO BE REPRESENTED IN MATTERS REGARDING UNLAWFUL EVICTIONS, DISCRIMINATION, ILLEGAL LOCKOUTS & ILLEGAL CONVERSIONS OF RENTAL UNITS. THIS REVENUE IS USED TO FUND OTHER SUITS FROM OTHER LOW INCOME PEOPLE FOR WHOM ATTORNEY FEES WOULD NOT BE AWARDED. ALSO, THE MONEY RECEIVED FROM THESE ACTION 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.
103	MISC. RECEIPTS USED AS WORKING CAPITAL.

**STATEMENT 11
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME**

DESCRIPTION	(A) 2004	(B) 2003	(C) 2002	(D) 2001	(E) TOTAL
MISC.	\$ 7,014.	\$ 2,772.	\$ 24,296.	\$ 14,761.	\$ 48,843.
TOTAL	\$ 7,014.	\$ 2,772.	\$ 24,296.	\$ 14,761.	\$ 48,843.