

*Change of Accounting Period*  
**Return of Organization Exempt from Income Tax**

**2001**

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 2001 calendar year, or tax year beginning** 1/01, 2001, and ending 6/30, 20 01

**B** Check if applicable:

<input type="checkbox"/> Address change	Please use IRS label or print or type. See specific instructions	<b>TENDERLOIN HOUSING CLINIC</b> 126 HYDE STREET SAN FRANCISCO, CA 94102	<b>D</b> Employer identification number	94-2681706
<input type="checkbox"/> Name change			<b>E</b> Telephone number	415-771-2427
<input type="checkbox"/> Initial return			<b>F</b> Accounting method	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
<input type="checkbox"/> Final return			<input type="checkbox"/> Other (specify) ▶	
<input checked="" type="checkbox"/> Amended return				

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

**G** Web site ▶ N/A

**J** Organization type (check only one) ▶  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. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 4,000,354

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 ▶

**H (c)** Are all affiliates included?  Yes  No (If no, attach a list. See instructions.)

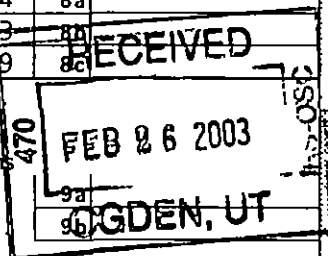
**H (d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Enter 4 digit group GEN ▶

**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)

<b>1</b>	Contributions, gifts, grants, and similar amounts received			
	a Direct public support	1a	6,239	
	b Indirect public support	1b		
	c Government contributions (grants)	1c	2,209,352	
	d Total (add lines 1a through 1c) (cash \$ <u>2,215,591</u> noncash \$ _____)	1d	2,215,591	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	2	1,775,127	
<b>3</b>	Membership dues and assessments	3		
<b>4</b>	Interest on savings and temporary cash investments	4	1,176	
<b>5</b>	Dividends and interest from securities	5	1,356	
<b>6a</b>	Gross rents	6a	2,000	
	b Less rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c	2,000	
<b>7</b>	Other investment income (describe _____)	7		
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities	5,104	8a
	b Less cost or other basis and sales expenses	(B) Other	5,313	8b
	c Gain or (loss) (attach schedule) <b>STATEMENT 1</b>		-209	8c
	d Net gain or (loss) (combine line 8c, columns (A) and (B))			8d
<b>9</b>	Special events and activities (attach schedule)			
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
	b Less direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
<b>10a</b>	Gross sales of inventory, less returns and allowances	10a		
	b Less cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
<b>11</b>	Other revenue (from Part VII, line 103)	11		
<b>12</b>	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	3,995,041	
<b>13</b>	Program services (from line 44, column (B))	13	3,912,617	
<b>14</b>	Management and general (from line 44, column (C))	14	86,930	
<b>15</b>	Fundraising (from line 44, column (D))	15		
<b>16</b>	Payments to affiliates (attach schedule)	16		
<b>17</b>	<b>Total expenses</b> (add lines 16 and 44, column (A))	17	3,999,547	
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-4,506	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	19	955,869	
<b>20</b>	Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 2</b>	20	95,968	
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,047,331	



SCANNED MAR 1 '03

6  
8

**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 \$ _____)	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 40,000	33,200	6,800	
26 Other salaries and wages	26 1,297,402	1,252,004	45,398	
27 Pension plan contributions	27			
28 Other employee benefits	28 199,957	193,032	6,925	
29 Payroll taxes	29 126,818	122,380	4,438	
30 Professional fundraising fees	30			
31 Accounting fees	31 9,409		9,409	
32 Legal fees	32 33,944	33,944		
33 Supplies	33			
34 Telephone	34 21,943	20,527	1,416	
35 Postage and shipping	35			
36 Occupancy	36 1,464,810	1,459,762	5,048	
37 Equipment rental and maintenance	37 101,565	100,980	585	
38 Printing and publications	38			
39 Travel	39 4,943	4,943		
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 26,434	25,279	1,155	
43 Other expenses not covered above (itemize)				
a SEE STATEMENT 3	43a 672,322	666,566	5,756	
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22-43) Organizations completing columns (B) (D), carry these totals to lines 13-15	44 3,999,547	3,912,617	86,930	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**

What is the organization's primary exempt purpose? SEE STATEMENT 4  
 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) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others)

**Program Service Expenses**  
 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)

a SEE STATEMENT 5			
(Grants and allocations \$ _____)			3,912,617
b			
(Grants and allocations \$ _____)			
c			
(Grants and allocations \$ _____)			
d			
(Grants and allocations \$ _____)			
e Other program services			
(Grants and allocations \$ _____)			
<b>f Total of Program Service Expenses (should equal line 44, column (B), program services)</b>			<b>3,912,617</b>

**Part IV Balance Sheets** (See instructions)

		(A) Beginning of year		(B) End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of year amounts only				
<b>ASSETS</b>	45 Cash — non-interest-bearing	420,677	45	344,841
	46 Savings and temporary cash investments	189,294	46	70,549
	47a Accounts receivable	47a 417,275		
	b Less allowance for doubtful accounts	47b	47c	417,275
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	19,023	53	40,183
	54 Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV 12,400	54	7,334
	55a Investments — land, buildings, & equipment basis	55a 163,500		
	b Less accumulated depreciation (attach schedule) STATEMENT 6	55b	55c	163,500
	56 Investments — other (attach schedule)		56	
	57a Land, buildings, and equipment basis	57a 296,055		
	b Less accumulated depreciation (attach schedule) STATEMENT 7	57b 86,061	57c	209,994
	58 Other assets (describe ► SEE STATEMENT 8 )	218,780	58	245,280
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	1,826,457	59	1,498,956	
<b>LIABILITIES</b>	60 Accounts payable and accrued expenses	870,588	60	451,624
	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)		64b	
	65 Other liabilities (describe ► SEE STATEMENT 9 )		65	1
66 <b>Total liabilities</b> (add lines 60 through 65)	870,588	66	451,625	
<b>NET ASSETS OR FUND BALANCES</b>	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	955,869	67	1,047,331
	68 Temporarily restricted		68	
	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)	955,869	73	1,047,331
	74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	1,826,457	74	1,498,956

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.

BAA



**Part VI Other Information** (See specific instructions)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	b If Yes, has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a	Enter direct or indirect political expenditures See line 81 instructions	81a	0
81b	b Did the organization file Form 1120-POL for this year?		X
82a	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	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
83b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	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
85a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
85b	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
85g	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
86a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
86b	b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
87b	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	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	88	X
89a	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>		
89b	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	89b	X
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
90a	List the states with which a copy of this return is filed <u>CALIFORNIA</u>		
90b	b Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b	45
91	The books are in care of <u>TENDERLOIN HOUSING CLINIC</u> Telephone number <u>415-771-2427</u> Located at <u>1256 HYDE STREET, SF, CA</u> ZIP + 4 <u>94105</u>		
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 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					79,333
b HOTEL RENTAL INCOME					1,695,794
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	1,176	
96 Dividends & interest from securities			14	1,356	
97 Net rental income or (loss) from real estate					
a debt financed property					
b not debt financed property			16	2,000	
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-209	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				4,323	1,775,127
105 Total (add line 104, columns (B), (D), and (E))					1,779,450

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 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 11

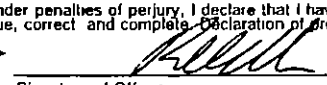
**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions)

(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 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:  Date: 2-24-03

Date: 2/24/03 Check if self:  Preparer's SSN or PTIN (see General Instruction W)

Organization Exempt Under  
Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)  
Nonexempt Charitable Trust Supplementary Information - (See separate instructions)

2001

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

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 & deferred compensation	(e) Expense account and other allowances
NONE -----				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$50,000 ▶	0			

**Part II 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
NONE -----		
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional 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>N/A</u> <b>(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</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
3	Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below )		X
4	Do you have a section 403(b) annuity plan for your employees?	X	
<b>Note</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments			

**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 )
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 12  An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and 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) (See section 509(a)(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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	3,531,301	2,084,460	866,198	818,397	7,300,356
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	2,919,990	196,558	404,380	418,408	3,939,336
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	9,164	9,528	14,654	9,538	42,884
19 Net income from unrelated business activities not included in line 18			11,220		11,220
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. SEE STMT 12	7,007	8,382			15,389
23 Total of lines 15 through 22	6,467,462	2,298,928	1,296,452	1,246,343	11,309,185
24 Line 23 minus line 17	3,547,472	2,102,370	892,072	827,935	7,369,849
25 Enter 1% of line 23	64,675	22,989	12,965	12,463	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24			26a	147,397
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 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.				26b	
c Total support for Section 509(a)(1) test. Enter line 24, column (e)				26c	7,369,849
d Add Amounts from column (e) for lines	18	42,884	19	11,220	
	22	15,389	26b		
e Public support (line 26c minus line 26d total)				26e	7,300,356
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f	99.06%

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.	(2000)	(1999)	(1998)	(1997)
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 11, 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.	(2000)	(1999)	(1998)	(1997)
c Add Amounts from column (e) for lines	15	16	17	20
	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
				27h

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, 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.

**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?	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	
34a	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 instructions )  
 (To be completed **Only** by an eligible organization that filed Form 5768)

N/A

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

**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred )

	(a) Affiliated group totals	(b) To be completed for all electing organizations
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 –		
<b>If the amount on line 40 is –</b>		
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		
<b>The lobbying nontaxable amount is –</b>		
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	41	
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0 if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0 if line 41 is more than line 38	44	
<b>Caution:</b> 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

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

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

	Yes	No	Amount
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines c through h )			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h )			

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



CLIENT TENDE630

TENDERLOIN HOUSING CLINIC

94-2681706

1/31/03

09 29PM

**STATEMENT 1**  
**FORM 990, PART I, LINE 8**  
**NET GAIN (LOSS) FROM NONINVENTORY SALES**

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE 5,104  
 COST OR OTHER BASIS 5,313

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -209

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -209

**STATEMENT 2**  
**FORM 990, PART I, LINE 20**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

PRIOR PERIOD ADJUSTMENT

TOTAL \$ 95,968  
 TOTAL \$ 95,968

**STATEMENT 3**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
CONSULTANTS & OUTSIDE SVC	62,584	60,313	2,271	
COPYING & PRINTING	3,093	2,636	457	
INSURANCE	45,456	44,811	645	
LIBRARY	889	889		
LITIGATION COST	15,665	15,665		
MANAGEMENT FEES	198,954	198,954		
MISCELLANEOUS	19,101	17,923	1,178	
OFFICE EXPENSE	20,466	19,261	1,205	
OMBUDSMAN	6,783	6,783		
UTILITY	299,331	299,331		
TOTAL	\$ <u>672,322</u>	\$ <u>666,566</u>	\$ <u>5,756</u>	\$ <u>0</u>

**STATEMENT 4**  
**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

CLIENT TENDE630

TENDERLOIN HOUSING CLINIC

94-2681706

1/31/03

09 29PM

**STATEMENT 5  
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 SERVICES INCLUDED COUNSELING AND LAWSUITS THC ALSO WORKS TO PREVENT ILLEGAL CONVERSION OF RESIDENTIAL HOTELS		188,584
HOMELESS PROGRAM THIS PROGRAM PROVIDES HOUSING ASSISTANCE, RENTAL ASSISTANCE, CASE MANAGEMENT, AND PAYMENT ASSISTANCE WHERE THC ACT AS A DISBURSING AGENT THESE SERVICES ARE TARGETED TO LOW INCOME INDIVIDUAL AND FAMILIES, HOMELESS INDIVIDUALS WHO ARE MENTALLY ILL, CHRONIC SUBSTANCE ABUSE PROBLEMS, AND/OR ARE AFFLICTED WITH DISABLING HIV, AIDS, OR RELATED DISORDERS		723,223
MASTER LEASE PROGRAM THC MASTER-LEASED FIVE RESIDENTIAL HOTELS WHICH PROVIDE OVER 800 SRO UNITS TO HOMELESS AND LOW-INCOME TENANTS IN THE TENDERLOIN, MISSION AND SOUTH OF MARKET DISTRICTS OF SAN FRANCISCO		3,000,810
	<u>\$ 0</u>	<u>\$ 3,912,617</u>

**STATEMENT 6  
FORM 990, PART IV, LINE 55B  
INVESTMENTS - LAND, BUILDINGS, AND EQUIPMENT**

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

**STATEMENT 7  
FORM 990, PART IV, LINE 57  
LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 134,418	\$ 10,186	\$ 124,232
IMPROVEMENTS	161,637	75,875	85,762
TOTAL	<u>\$ 296,055</u>	<u>\$ 86,061</u>	<u>\$ 209,994</u>

CLIENT TENDE630

TENDERLOIN HOUSING CLINIC

94-2681706

1/31/03

09 29PM

**STATEMENT 8  
FORM 990, PART IV, LINE 58  
OTHER ASSETS**

DEPOSIT

	\$	245,280
TOTAL	\$	<u>245,280</u>

**STATEMENT 9  
FORM 990, PART IV, LINE 65  
OTHER LIABILITIES**

ROUNDING

	\$	1
TOTAL	\$	<u>1</u>

**STATEMENT 10  
FORM 990, PART V  
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 50 FELL STREET SAN FRANCISCO, CA 94102	PRESIDENT AS NEEDED	\$ 0	\$ 0	\$ 0
STEPHEN L COLLIER 126 HYDE STREET SAN FRANCISCO, CA 94102	DIRECTOR AS NEEDED	0	0	0
RAQUEL FOX 126 HYDE STREET SAN FRANCISCO, CA 94102	SECRETARY AS NEEDED	0	0	0
DEAN PRESTON 126 HYDE STREET SAN FRANCISCO, CA 94102	DIRECTOR AS NEEDED	0	0	0
GEN FUJIOKA 720 MARKET STREET, SUITE 500 SAN FRANCISCO, CA 94102	DIRECTOR AS NEEDED	0	0	0
MARC JANOWITZ 819 EDDY STREET SAN FRANCISCO, CA 94109	DIRECTOR AS NEEDED	0	0	0
RANDY SHAW 126 HYDE STREET SAN FRANCISCO, CA 94102	EXECUTIVE DIREC 40	40,000	0	0
	TOTAL	<u>\$ 40,000</u>	<u>\$ 0</u>	<u>\$ 0</u>

CLIENT TENDE630

TENDERLOIN HOUSING CLINIC

94-2681706

1/31/03

09 29PM

**STATEMENT 11  
FORM 990, PART VIII  
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES**

LINE #	EXPLANATION OF ACTIVITIES
93A	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
93B	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

**STATEMENT 12  
SCHEDULE A, PART IV-A, LINE 22  
OTHER INCOME**

DESCRIPTION	(A) 2000	(B) 1999	(C) 1998	(D) 1997	(E) TOTAL
MISC	\$ 7,007	\$ 8,382	\$ 0	\$ 0	\$ 15,389
TOTAL	<u>\$ 7,007</u>	<u>\$ 8,382</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 15,389</u>