

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 **7/01**, 2001, and ending **6/30**, 20 **02**

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type. See specific instructions.

TENDERLOIN HOUSING CLINIC
126 HYDE STREET
SAN FRANCISCO, CA 94102

D Employer Identification Number: **94-2681706**

E Telephone number: **415-771-2427**

F Accounting method: Cash Accrual
 Other (specify) _____

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

G Web site: **N/A**

J Organization type: 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: **9,804,606**

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.)

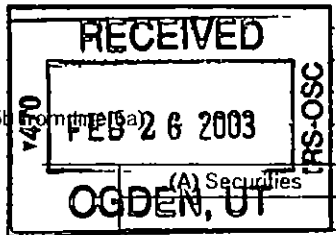
H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No

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)

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	41,078		
b	Indirect public support	1b			
c	Government contributions (grants)	1c	5,487,746		
d	Total (add lines 1a through 1c) (cash \$ 5,528,824 noncash \$ _____)			1d	5,528,824
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	4,235,690
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments			4	1,528
5	Dividends and interest from securities			5	1,090
6a	Gross rents	6a	22,713		
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	22,713
7	Other investment income (describe _____)			7	
8a	Gross amount from sales of assets other than inventory	8a			
b	Less cost or other basis and sales expenses	8b			
c	Gain or (loss) (attach schedule)	8c			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	
9	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	
10a	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	
11	Other revenue (from Part VII, line 103)			11	14,761
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	9,804,606
13	Program services (from line 44, column (B))			13	8,855,280
14	Management and general (from line 44, column (C))			14	278,992
15	Fundraising (from line 44, column (D))			15	
16	Payments to affiliates (attach schedule)			16	
17	Total expenses (add lines 16 and 44, column (A))			17	9,134,272
18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	670,334
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	1,047,331
20	Other changes in net assets or fund balances (attach explanation)			20	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	1,717,665



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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	80,917	67,161	13,756
26	Other salaries and wages	26	2,990,060	2,850,926	139,134
27	Pension plan contributions	27			
28	Other employee benefits	28	436,314	414,926	21,388
29	Payroll taxes	29	303,033	286,348	16,685
30	Professional fundraising fees	30			
31	Accounting fees	31	19,405		19,405
32	Legal fees	32	104,757	104,757	
33	Supplies	33			
34	Telephone	34	43,359	40,477	2,882
35	Postage and shipping	35	8,086	3,615	4,471
36	Occupancy	36	3,019,160	3,007,525	11,635
37	Equipment rental and maintenance	37	312,628	310,444	2,184
38	Printing and publications	38	3,637	3,637	
39	Travel	39	3,564	3,564	
40	Conferences, conventions, and meetings	40			
41	Interest	41	4,784		4,784
42	Depreciation, depletion, etc (attach schedule)	42	81,304	76,093	5,211
43	Other expenses not covered above (itemize)				
a	SEE STATEMENT 1	43a	1,723,264	1,685,807	37,457
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	9,134,272	8,855,280	278,992

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? <input type="checkbox"/> SEE STATEMENT 2	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a SEE STATEMENT 3 ----- ----- ----- (Grants and allocations \$ _____)	8,855,280
b ----- ----- ----- (Grants and allocations \$ _____)	
c ----- ----- ----- (Grants and allocations \$ _____)	
d ----- ----- ----- (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	8,855,280

Part IV Balance Sheets (See instructions)

Note		(A) Beginning of year		(B) End of year	
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only					
ASSETS	45 Cash – non-interest bearing		344,841	45	162,425
	46 Savings and temporary cash investments		70,549	46	159,967
	47a Accounts receivable	47a	1,218,353		
	b Less allowance for doubtful accounts	47b		47c	1,218,353
	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		40,183	53	42,108
	54 Investments – securities (attach schedule)		7,334	54	7,270
	55a Investments – land, buildings, & equipment basis	55a	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV 163,500		
	b Less accumulated depreciation (attach schedule) STATEMENT 4	55b		55c	163,500
	56 Investments – other (attach schedule)			56	
	57a Land, buildings, and equipment basis	57a	508,105		
	b Less accumulated depreciation (attach schedule) STATEMENT 5	57b	143,006	57c	365,099
	58 Other assets (describe ▶ SEE STATEMENT 6)		245,280	58	266,715
59 Total assets (add lines 45 through 58) (must equal line 74)		1,498,956	59	2,385,437	
LIABILITIES	60 Accounts payable and accrued expenses		451,624	60	301,978
	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			64b	137,205
	65 Other liabilities (describe ▶ SEE STATEMENT 8)			65	228,589
66 Total liabilities (add lines 60 through 65)		451,625	66	667,772	
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		1,047,331	67	1,717,665
	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 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)		1,047,331	73	1,717,665
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)		1,498,956	74	2,385,437

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	If 'Yes,' has it filed a tax return on Form 990-T for this year?		X
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	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?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		85b	N/A
c Dues, assessments, and similar amounts from members		85c	N/A
d Section 162(e) lobbying and political expenditures		85d	N/A
e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices		85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		85f	N/A
g Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?		85g	N/A
h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		85h	N/A
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities		86b	N/A
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		87b	N/A
88	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 ▶ 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		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 ▶ CALIFORNIA		
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 ▶ TENDERLOIN HOUSING CLINIC Telephone number ▶ 415-771-2427 Located at ▶ 126 HYDE STREET, SF, CA ZIP + 4 ▶ 94102		
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					754,459
b HOTEL RENTAL INCOME					3,481,231
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	1,528	
96 Dividends & interest from securities			14	1,090	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	22,713	
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		14,761			
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		14,761		25,331	4,235,690
105 Total (add line 104, columns (B), (D), and (E))					4,275,782

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 10

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 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] Date 2-24-03

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

Schedule A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No 1545 0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 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
<p>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>728</u></p> <p>(Must equal amounts on line 38, Part VI A, or line I of Part VI B)</p> <p>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</p>	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	
<p>Note 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</p>		

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.)	2,431,676	2,084,460	866,198	818,397	6,200,731
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	1,781,948	196,558	404,380	418,408	2,801,294
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	4,532	9,528	14,654	9,538	38,252
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 11		8,382			8,382
23 Total of lines 15 through 22	4,218,156	2,298,928	1,296,452	1,246,343	9,059,879
24 Line 23 minus line 17	2,436,208	2,102,370	892,072	827,935	6,258,585
25 Enter 1% of line 23	42,182	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	125,172
26b	
26c	6,258,585
26d	57,854
26e	6,200,731
26f	99.08%

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.

c Total support for Section 509(a)(1) test. Enter line 24, column (e)

d Add: Amounts from column (e) for lines 18 38,252 19 11,220
 22 8,382 26b

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:
 (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 _____ 21 _____

d Add: Line 27a total _____ and line 27b total _____

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) **27f** _____

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** **27g** _____ %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** **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?		
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)		728
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)	0	728
39	Other exempt purpose expenditures		9,133,544
40	Total exempt purpose expenditures (add lines 38 and 39)	0	9,134,272
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			606,714
42	Grassroots nontaxable amount (enter 25% of line 41)		151,679
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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45	606,714	351,474	471,674	22,500	1,452,362
46					2,178,543
47	728			271	999
48	151,679	87,869	117,919	56,250	413,717
49					620,576
50	728			271	999

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)
- Note 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)
 Note 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

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	Employer Identification Number
	TENDERLOIN HOUSING CLINIC	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	State ZIP Code
	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 (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

- 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 month, for 990-T corporation) extension of time until 2/15, 20 03, 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 01, and ending 6/30, 20 02

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

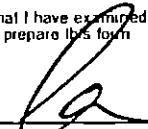
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ 0

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

Signature and Verification

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, and that I am authorized to prepare this form

Signature ▶  Title ▶ CPA Date ▶ 11/1/02

BAA For Paperwork Reduction Act Notice, see instructions

Form 8868 (12-2000)

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.

Name of Exempt Organization: TENDERLOIN HOUSING CLINIC
Employer Identification Number: 94-2681706
Address: 126 HYDE STREET, SAN FRANCISCO, CA 94102

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

Form 990 (checked), Form 990 EZ, Form 990-T, Form 1041 A, Form 5227, Form 8870, Form 990 BL, Form 990 PF, Form 990 T, Form 4720, Form 6069

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

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)
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 03
5 For calendar year, or other tax year beginning 7/01, 20 01 and ending 6/30, 20 02
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
8b 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
8c 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: [Handwritten Signature] Title: CPA Date: 2/27/03

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
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 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

Name: LE, HO & COMPANY, LLP
Address: 1608 NORIEGA STREET, SAN FRANCISCO, CA 94122

CLIENT TENDER07

TENDERLOIN HOUSING CLINIC

94-2681706

2/04/03

05 27PM

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

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BANK CHARGES	6,329	494	5,835	
CONSULTANTS & OUTSIDE SVC	32,446	11,153	21,293	
COPYING & PRINTING	20,433	18,589	1,844	
DUES AND FEES	7,947	7,772	175	
GARBAGE DISPOSAL	137,864	137,864		
INSURANCE	69,504	63,902	5,602	
LITIGATION COST	35,595	35,595		
MANAGEMENT FEES	405,612	405,612		
MATERIAL AND SUPPLIES	26,465	26,465		
MISCELLANEOUS	23,608	23,500	108	
OFFICE EXPENSE	22,742	22,227	515	
OMBUDSMAN	25,740	25,740		
PROGRAM ACTIVITIES	15,758	15,758		
SECURITY	3,344	3,344		
SUBCONTRACTORS	124,362	124,362		
SUBSIDY PAYMENTS	420,943	420,943		
TRAINING AND EDUCATION	6,451	4,891	1,560	
UTILITY	338,121	337,596	525	
TOTAL	\$ 1723264	\$ 1685807	\$ 37,457	\$ 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 SERVICES INCLUDED COUNSELING AND LAWSUITS THC ALSO WORKS TO PREVENT ILLEGAL CONVERSION OF RESIDENTIAL HOTELS		382,255
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		2,219,061

CLIENT TENDER07

TENDERLOIN HOUSING CLINIC

94-2681706

2/04/03

05 27PM

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

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
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		6,253,964
	<u>\$ 0</u>	<u>\$ 8,855,280</u>

STATEMENT 4
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 5
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 138,226	\$ 67,521	\$ 70,705
IMPROVEMENTS	369,879	75,485	294,394
TOTAL	<u>\$ 508,105</u>	<u>\$ 143,006</u>	<u>\$ 365,099</u>

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

DEPOSIT	\$ 262,996
LOAN FEE	3,719
TOTAL	<u>\$ 266,715</u>

CLIENT TENDER07

TENDERLOIN HOUSING CLINIC

94-2681706

2/04/03

05 27PM

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

MORTGAGES PAYABLE	BALANCE DUE
N CA COMMUNITY LOAN FUND	\$ 132,879
CCSF	4,326
	\$ 137,205
	\$ 0
TOTAL	\$ 137,205

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

PAYABLE - CLIENT FUNDS	\$ 226,189
SECURITY DEPOSIT	2,400
TOTAL	\$ 228,589

**STATEMENT 9
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 222 BUSH STREET SAN FRANCISCO, CA 94104	PRESIDENT AS NEEDED	\$ 0	\$ 0	\$ 0
STEPHEN L COLLIER 126 HYDE STREET SAN FRANCISCO, CA 94102	DIRECTOR AS NEEDED	81,500	0	0
RAQUEL FOX 126 HYDE STREET SAN FRANCISCO, CA 94102	SECRETARY AS NEEDED	64,083	0	0
DEAN PRESTON 126 HYDE STREET SAN FRANCISCO, CA 94102	DIRECTOR AS NEEDED	53,080	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

CLIENT TENDER07

TENDERLOIN HOUSING CLINIC

94-2681706

2/04/03

05 27PM

STATEMENT 9 (CONTINUED)
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
BRIAN RUSSELL 276 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	DIRECTOR NONE	\$ 0	\$ 0	\$ 0
RANDY SHAW 126 HYDE STREET SAN FRANCISCO, CA 94102	EXECUTIVE DIREC 40	80,917	0	0
TERRIE FRYE 885 ELLIS STREET, #309 SAN FRANCISCO, CA 94102	DIRECTOR NONE	0	0	0
TOTAL		<u>\$ 279,580</u>	<u>\$ 0</u>	<u>\$ 0</u>

STATEMENT 10
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 11
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

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