

# Return of Organization Exempt from Income Tax

**2002**

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 2002 calendar year, or tax year beginning 7/01, 2002, and ending 6/30, 2003

**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).

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 GEN: \_\_\_\_\_

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

**G** Web site: N/A

**J** Organization type (check only):  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 10,238,043.

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

<b>1</b> Contributions, gifts, grants, and similar amounts received:			
<b>a</b> Direct public support	<b>1a</b>	<u>64,645.</u>	
<b>b</b> Indirect public support	<b>1b</b>		
<b>c</b> Government contributions (grants)	<b>1c</b>	<u>5,752,936.</u>	
<b>d</b> Total (add lines 1a through 1c) (cash \$ <u>5,817,581.</u> noncash \$ _____)	<b>1d</b>		<u>5,817,581.</u>
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		<u>4,356,236.</u>
<b>3</b> Membership dues and assessments	<b>3</b>		
<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		<u>648.</u>
<b>5</b> Dividends and interest from securities	<b>5</b>		<u>635.</u>
<b>6a</b> Gross rents	<b>6a</b>	<u>38,647.</u>	
<b>b</b> Less: rental expenses	<b>6b</b>		
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		<u>38,647.</u>
<b>7</b> Other investment income (describe _____)	<b>7</b>		
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>		
<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>		
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>		
<b>8d</b>			
<b>9</b> Special events and activities (attach schedule)			
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>		
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>		
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		
<b>b</b> Less: cost of goods sold	<b>10b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		<u>24,295.</u>
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<u>10,238,043.</u>
<b>13</b> Program services (from line 44, column (B))	<b>13</b>		<u>9,624,845.</u>
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		<u>520,037.</u>
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>		<u>10,144,882.</u>
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<u>93,161.</u>
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<u>1,717,665.</u>
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	SEE STATEMENT 1	<u>401.</u>
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<u>1,811,227.</u>



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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	86,086.	43,043.	43,043.
26 Other salaries and wages	26	3,265,671.	2,974,399.	291,272.
27 Pension plan contributions	27			
28 Other employee benefits	28	630,700.	593,924.	36,776.
29 Payroll taxes	29	291,380.	263,701.	27,679.
30 Professional fundraising fees	30			
31 Accounting fees	31	35,953.	13,991.	21,962.
32 Legal fees	32	105,868.	105,868.	
33 Supplies	33			
34 Telephone	34	55,803.	50,826.	4,977.
35 Postage and shipping	35	582.	582.	
36 Occupancy	36	3,331,262.	3,316,295.	14,967.
37 Equipment rental and maintenance	37	354,950.	352,189.	2,761.
38 Printing and publications	38	6,711.	6,711.	
39 Travel	39	9,938.	8,737.	1,201.
40 Conferences, conventions, and meetings	40			
41 Interest	41	13,209.		13,209.
42 Depreciation, depletion, etc (attach schedule)	42	77,625.	71,460.	6,165.
43 Other expenses not covered above (itemize):				
a SEE STATEMENT 2	43a	1,879,144.	1,823,119.	56,025.
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	10,144,882.	9,624,845.	520,037.

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 3	Program Service Expenses: (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others)	
a SEE STATEMENT 4	
(Grants and allocations \$ _____)	9,624,845.
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)	9,624,845.

**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	162,425.	45	137,080.
	46 Savings and temporary cash investments	159,967.	46	43,025.
	47a Accounts receivable	47a 1,618,276.		
	b Less allowance for doubtful accounts	47b	1,218,353.	47c 1,618,276.
	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		42,108.	53 31,960.
	54 Investments – securities (attach schedule)		7,270.	54 8,090.
	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 5.	55b	163,500.	55c 163,500.
56 Investments – other (attach schedule)			56	
57a Land, buildings, and equipment: basis	57a 686,162.			
b Less accumulated depreciation (attach schedule) STATEMENT 6	57b 219,318.	365,099.	57c 466,844.	
58 Other assets (describe ► SEE STATEMENT 7)		266,715.	58 275,803.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		2,385,437.	59 2,744,578.	
LIABILITIES	60 Accounts payable and accrued expenses		60 301,978.	557,891.
	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 8		137,205.	64b 257,830.
	65 Other liabilities (describe ► SEE STATEMENT 9)		228,589.	65 117,630.
66 <b>Total liabilities</b> (add lines 60 through 65)		667,772.	66 933,351.	
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		67 1,717,665.	1,811,227.
	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; column (B) must equal line 21)		1,717,665.	73 1,811,227.
	74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)		2,385,437.	74 2,744,578.

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	10,238,444.
<b>b</b>	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$ 401.		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4)	<b>b</b>	401.
<b>c</b>	Line a minus line b	<b>c</b>	10,238,043.
<b>d</b>	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	10,238,043.

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

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	10,144,882.
<b>b</b>	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b>	Line a minus line b	<b>c</b>	10,144,882.
<b>d</b>	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	10,144,882.

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see 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	(E) Expense account and other allowances
SEE STATEMENT 10		86,086.	0.	0.
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75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No

If 'Yes,' attach schedule - see instructions

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

		Yes	No
<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>77</b>	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
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
<b>78b</b>	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		X
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
<b>80a</b>	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>81a</b>	Enter direct or indirect political expenditures. See line 81 instructions	and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	
<b>81b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>82a</b>	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>82b</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)	N/A	
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>83b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>84b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
<b>85a</b>	<b>501(c)(4), (5), or (6) organizations.</b> Were substantially all dues nondeductible by members?		N/A
<b>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.		N/A
<b>85c</b>	Dues, assessments, and similar amounts from members	N/A	
<b>85d</b>	Section 162(e) lobbying and political expenditures	N/A	
<b>85e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
<b>85f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
<b>85g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
<b>85h</b>	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?		N/A
<b>86a</b>	<b>501(c)(7) organizations</b> Enter: a Initiation fees and capital contributions included on line 12	N/A	
<b>86b</b>	b Gross receipts, included on line 12, for public use of club facilities	N/A	
<b>87a</b>	<b>501(c)(12) organizations</b> Enter a Gross income from members or shareholders	N/A	
<b>87b</b>	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	N/A	
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.		X
<b>89a</b>	<b>501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0. , section 4912 ▶ 0. , section 4955 ▶ 0.		
<b>89b</b>	<b>501(c)(3) and 501(c)(4) organizations</b> 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
	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.	
<b>90a</b>	List the states with which a copy of this return is filed ▶ CALIFORNIA		
<b>90b</b>	Number of employees employed in the pay period that includes March 12, 2002 (See instructions.)		100
<b>91</b>	The books are in care of ▶ TENDERLOIN HOUSING CLINIC Telephone number ▶ 415-771-2427 Located at ▶ 126 HYDE STREET, SF, CA ZIP + 4 ▶ 94102		
<b>92</b>	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 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					419,500.
b HOTEL RENTAL INCOME					3,936,736.
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	648.	
96 Dividends & interest from securities			14	635.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	38,647.	
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		24,296.			
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		24,296.		39,930.	4,356,236.
105 Total (add line 104, columns (B), (D), and (E))					4,420,462.

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	0%			
	0%			
	0%			

**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)

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.

Date 4-19-04

x Dir

**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.)

**2002**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization <b>TENDERLOIN HOUSING CLINIC</b>	Employer identification number <b>94-2681706</b>
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**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
STEVE COLLIER	ATTORNEY			
	40	83,000.	0.	0.
RAQUEL FOX	ATTORNEY			
	40	71,500.	0.	0.
DEAN PRESTON	ATTORNEY			
	40	58,000.	0.	0.
SARAH GORT	FISCAL COORDINA			
	40	52,083.	0.	0.
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
LERNER + ASSOCIATES		
1108C BRYANT STREET, SF CA 94103	ARCHITECTURE	54,851.
Total number of others receiving over \$50,000 for professional services		0

**Part III Statements About Activities** (See instructions)

	Yes	No
<p><b>1</b> 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 <b>▶ \$ 813.</b></p> <p><b>(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</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	
<p><b>2</b> 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)</p> <p><b>a</b> Sale, exchange, or leasing of property?</p> <p><b>b</b> Lending of money or other extension of credit?</p> <p><b>c</b> Furnishing of goods, services, or facilities?</p> <p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p> <p><b>e</b> Transfer of any part of its income or assets?</p>		X
<p><b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc? (See <b>Note</b> below.)</p>		X
<p><b>4</b> Do you have a section 403(b) annuity plan for your employees?</p>	X	
<p><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.</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.)
- 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) (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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	7,316,895.	3,531,301.	2,084,460.	866,198.	13,798,854.
<b>16</b> Membership fees received					
<b>17</b> 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	5,860,165.	2,919,990.	196,558.	404,380.	9,381,093.
<b>18</b> 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	29,863.	15,371.	9,528.	14,654.	69,416.
<b>19</b> Net income from unrelated business activities not included in line 18				11,220.	11,220.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. SEE STMT .12	14,761.		8,382.		23,143.
<b>23</b> Total of lines 15 through 22	13,221,684.	6,466,662.	2,298,928.	1,296,452.	23,283,726.
<b>24</b> Line 23 minus line 17	7,361,519.	3,546,672.	2,102,370.	892,072.	13,902,633.
<b>25</b> Enter 1% of line 23.	132,217.	64,667.	22,989.	12,965.	

**26 Organizations described on lines 10 or 11:**

**a** Enter 2% of amount in column (e), line 24 ▶ **26a** 278,053.

**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 1998 through 2001 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** 13,902,633.

**d** Add: Amounts from column (e) for lines **18** 69,416. **19** 11,220. ▶ **26d** 103,779.

**22** 23,143. **26b**

**e** Public support (line 26c minus line 26d total) ▶ **26e** 13,798,854.

**f** Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ **26f** 99.25 %

**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.

(2001) \_\_\_\_\_ (2000) \_\_\_\_\_ (1999) \_\_\_\_\_ (1998) \_\_\_\_\_

**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:

(2001) \_\_\_\_\_ (2000) \_\_\_\_\_ (1999) \_\_\_\_\_ (1998) \_\_\_\_\_

**c** Add: Amounts from column (e) for lines **15** \_\_\_\_\_ **16** \_\_\_\_\_ ▶ **27c**

**17** \_\_\_\_\_ **20** \_\_\_\_\_ **21** \_\_\_\_\_

**d** Add: Line 27a total \_\_\_\_\_ and line 27b total \_\_\_\_\_ ▶ **27d**

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

**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 1998 through 2001, 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
<b>29</b> 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?		
<b>30</b> 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?		
<b>31</b> 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.) ----- ----- -----		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> 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) ----- -----		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement.) ----- -----		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</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		
<b>35</b> 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

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)		813.
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	0.	813.
<b>39</b>	Other exempt purpose expenditures		10,144,882.
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	0.	10,145,695.
<b>41</b>	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		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)		164,321.
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	0.	0.
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	0.	0.
<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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount	657,285.	956,691.	471,674.	22,500.	2,108,150.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					3,162,225.
<b>47</b> Total lobbying expenditures	813.	728.		271.	1,812.
<b>48</b> Grassroots non-taxable amount	164,321.	239,173.	117,919.	56,250.	577,663.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					866,495.
<b>50</b> Grassroots lobbying expenditures		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



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
Number, street, and room or suite number: 126 HYDE STREET
City, town or post office, state, and ZIP code: 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 (Section 401(a) or 408(a) trust), Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, Form 6069

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

- 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

- I request an additional 3-month extension of time until 5/15, 20 04.
For calendar year, or other tax year beginning 7/01, 20 02 and ending 6/30, 20 03.
If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period
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: 2/10/04

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 due date of the return for which an extension was requested.
Other:

EXTENSION APPROVAL

Director By [Signature] Date: FEB 23 2004

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

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

CLIENT TENDE630

TENDERLOIN HOUSING CLINIC

94-2681706

4/16/04

02:13AM

**STATEMENT 1  
FORM 990, PART I, LINE 20  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

UNREALIZED GAIN TOTAL \$ 401.  
TOTAL \$ 401.

**STATEMENT 2  
FORM 990, PART II, LINE 43  
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BANK CHARGES	2,191.	784.	1,407.	
CONSULTANTS & OUTSIDE SVC	41,361.	9,525.	31,836.	
COPYING & PRINTING	12,880.	11,707.	1,173.	
DUES AND FEES	5,081.	4,608.	473.	
INSURANCE	76,723.	70,374.	6,349.	
LITIGATION COST	52,688.	52,688.		
MANAGEMENT FEES	448,447.	448,447.		
MATERIAL AND SUPPLIES	31,508.	27,336.	4,172.	
MISCELLANEOUS	6,621.	166.	6,455.	
OFFICE EXPENSE	10,020.	10,020.		
OMBUDSMAN	41,785.	41,785.		
PROGRAM ACTIVITIES	20,136.	20,136.		
SUBCONTRACTORS	10,110.	10,110.		
SUBSIDY PAYMENTS	509,957.	509,957.		
TRAINING AND EDUCATION	4,043.	75.	3,968.	
UTILITY	605,593.	605,401.	192.	
<b>TOTAL</b>	<b>\$ 1,879,144.</b>	<b>\$ 1,823,119.</b>	<b>\$ 56,025.</b>	<b>\$ 0.</b>

**STATEMENT 3  
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 4  
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. THIS ALSO WORKS TO PREVENT ILLEGAL CONVERSION OF RESIDENTIAL HOTELS.		372,065.
HOMELESS PROGRAM: THIS PROGRAM PROVIDES HOUSING ASSISTANCE,		

CLIENT TENDE630

TENDERLOIN HOUSING CLINIC

94-2681706

4/16/04

12 03PM

**STATEMENT 4 (CONTINUED)**  
**FORM 990, PART III, LINE A**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
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.		2,146,662.
MASTER LEASE PROGRAM: THC MASTER-LEASED SEVEN RESIDENTIAL HOTELS WHICH PROVIDE OVER 900 SRO UNITS TO HOMELESS AND LOW-INCOME TENANTS IN THE TENDERLOIN, MISSION AND SOUTH OF MARKET DISTRICTS OF SAN FRANCISCO.		7,106,118.
	<u>\$ 0.</u>	<u>\$ 9,624,845.</u>

**STATEMENT 5**  
**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 6**  
**FORM 990, PART IV, LINE 57**  
**LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 15,417.	\$ 8,441.	\$ 6,976.
MACHINERY AND EQUIPMENT	155,489.	87,121.	68,368.
IMPROVEMENTS	515,256.	123,756.	391,500.
TOTAL	<u>\$ 686,162.</u>	<u>\$ 219,318.</u>	<u>\$ 466,844.</u>

**STATEMENT 7**  
**FORM 990, PART IV, LINE 58**  
**OTHER ASSETS**

ADVANCE	\$ 500.
DEPOSIT	272,050.
NET INTANGIBLE ASSETS	3,253.
TOTAL	<u>\$ 275,803.</u>

CLIENT TENDE630

TENDERLOIN HOUSING CLINIC

94-2681706

4/16/04

12 03PM

**STATEMENT 8  
FORM 990, PART IV, LINE 64B  
MORTGAGES AND OTHER NOTES PAYABLE**

<u>MORTGAGES PAYABLE</u>	<u>BALANCE DUE</u>
N. CA. COMMUNITY LOAN FUND	\$ 89,305.
CCSF - MOH	25,740.
CCSF - SFRA	142,785.
<b>TOTAL</b>	<b>\$ 257,830.</b>

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

CLIENT FUNDS	\$ 106,186.
DEFERRED INTEREST PAYABLE	4,444.
REFUNDABLE ADVANCE	4,600.
SECURITY DEPOSITS	2,400.
<b>TOTAL</b>	<b>\$ 117,630.</b>

**STATEMENT 10  
FORM 990, PART V  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
PHILIP MORGAN 126 HYDE STREET SAN FRANCISCO, CA 94102	PRESIDENT .5 HOURS	\$ 0.	\$ 0.	\$ 0.
STEPHEN L. COLLIER 126 HYDE STREET SAN FRANCISCO, CA 94102	DIRECTOR .5 HOURS	0.	0.	0.
RAQUEL FOX 126 HYDE STREET SAN FRANCISCO, CA 94102	SECRETARY .5 HOURS	0.	0.	0.
DEAN PRESTON 126 HYDE STREET SAN FRANCISCO, CA 94102	DIRECTOR .5 HOURS	0.	0.	0.
GEN FUJIOKA 126 HYDE STREET SAN FRANCISCO, CA 94102	DIRECTOR .5 HOURS	0.	0.	0.
MARC JANOWITZ 126 HYDE STREET SAN FRANCISCO, CA 94102	DIRECTOR .5 HOURS	0.	0.	0.

CLIENT TENDE630

TENDERLOIN HOUSING CLINIC

94-2681706

4/16/04

02 13AM

**STATEMENT 10 (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
PRINCE BUSH 126 HYDE STREET SF CA 94102,	DIRECTOR .5 HOURS	\$ 0.	\$ 0.	0.
RANDY SHAW 126 HYDE STREET SAN FRANCISCO, CA 94102	EXECUTIVE DIREC 40	86,086.	0.	0.
BRIAN RUSSELL 126 HYDE STREET SAN FRANCISCO, CA 94102	DIRECTOR .5 HOURS	0.	0.	0.
TERRIE FRYE 126 HYDE STREET SAN FRANCISCO, CA 94102	DIRECTOR .5 HOURS	0.	0.	0.
TOTAL		\$ 86,086.	\$ 0.	\$ 0.

**STATEMENT 11**  
**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.

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

DESCRIPTION	(A) 2001	(B) 2000	(C) 1999	(D) 1998	(E) TOTAL
MISC.	\$ 14,761.	\$ 0.	\$ 8,382.	\$ 0.	\$ 23,143.
TOTAL	\$ 14,761.	\$ 0.	\$ 8,382.	\$ 0.	\$ 23,143.