

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 201 EDDY STREET City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94102 F Name and address of principal officer: DONALD S. FALK SAME AS C ABOVE	D Employer identification number 94-2761808 E Telephone number (415) 776-2151 G Gross receipts \$ 23,429,693. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.TNDC.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1981 M State of legal domicile: CA

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: FORMED IN 1981, TNDC PROVIDES AFFORDABLE HOUSING AND SERVICES FOR LOW-INCOME PEOPLE IN THE			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	21	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21	
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	338	
	6 Total number of volunteers (estimate if necessary)	6	265	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,371,043.	Current Year 5,095,407.
9 Program service revenue (Part VIII, line 2g)		7,344,833.	8,640,671.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		87,597.	3,704,649.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,073,174.	-211,685.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		17,876,647.	17,229,042.	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	47,285.	10,214,441.
		14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,372,962.	5,608,283.
		16a Professional fundraising fees (Part IX, column (A), line 11e)	100,206.	91,570.
		b Total fundraising expenses (Part IX, column (D), line 25)	571,081.	
		17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,790,974.	5,266,257.
		18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,311,427.	21,180,551.
19 Revenue less expenses. Subtract line 18 from line 12	7,565,220.	-3,951,509.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 55,798,821.	End of Year 42,616,870.	
	21 Total liabilities (Part X, line 26)	37,246,448.	28,016,006.	
	22 Net assets or fund balances. Subtract line 21 from line 20	18,552,373.	14,600,864.	

Part II Signature Block

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.

Sign Here	Signature of officer PAUL SUSSMAN, CFO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name ALEXIS H. WONG	Preparer's signature Date
	Firm's name LINDQUIST, VON HUSEN & JOYCE LLP	Firm's EIN 94-1250261
	Firm's address 90 NEW MONTGOMERY STREET, 11TH FLOOR SAN FRANCISCO, CA 94105	Phone no. (415) 957-9999

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TNDC'S MISSION IS TO PROVIDE AFFORDABLE HOUSING AND SERVICES FOR LOW-INCOME PEOPLE IN THE TENDERLOIN AND THROUGHOUT SAN FRANCISCO, TO PROMOTE EQUITABLE ACCESS TO OPPORTUNITY AND RESOURCES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 11,413,315. including grants of \$ 10,194,991.) (Revenue \$ 7,656,012.) AFFORDABLE HOUSING/PROPERTY MANAGEMENT: IN 2013, TNDC PROVIDED HIGH QUALITY PROPERTY MANAGEMENT SERVICES TO MORE THAN 3,400 RESIDENTS, WITH 92% OF RESIDENTS RESPONDING TO THE ANNUAL SURVEY RATING THEMSELVES AS "SATISFIED" OR "VERY SATISFIED" WITH THE MANAGEMENT OF THEIR BUILDING. TNDC OFFERS WEEKLY FOOD DROPS SERVING RESIDENTS IN 18 OF OUR BUILDINGS, THANKS TO THE SAN FRANCISCO AND MARIN FOOD BANK. IN 2013, WE DISTRIBUTED MORE THAN 531,000 POUNDS OF FOOD.

4b (Code:) (Expenses \$ 5,757,471. including grants of \$ 19,450.) (Revenue \$) TENANT SERVICES & COMMUNITY ORGANIZING: 1) SOCIAL WORK UNIT: IN 2013, 85% OF RESIDENTS ACCESSED THE SERVICES PROVIDED BY TNDC'S SOCIAL WORKERS. 99% MAINTAINED THEIR HOUSING FOR A MINIMUM OF 12 MONTHS. SOCIAL WORKERS CONDUCTED WORKSHOPS ON TOPICS INCLUDING HEALTHCARE, NEIGHBORHOOD SAFETY, SENIOR SERVICES, AND EMERGENCY PREPAREDNESS. ALL TOLD, 1,538 COMMUNITY EVENTS WERE HELD FOR RESIDENTS. 2) TNDC'S TENDERLOIN AFTER-SCHOOL PROGRAM (TASP): TASP PROVIDED A FREE, SAFE, AND SUPPORTIVE PROGRAM FOR 232 CHILDREN (AGED 7 TO 18) OFFERING ACADEMIC, RECREATIONAL, SOCIAL, AND CULTURAL ACTIVITIES. 15 TEENS SUCCESSFULLY COMPLETED THE TEN-WEEK COLLEGE WORKSHOP AND ATTENDED THE ANNUAL COLLEGE TOUR. 3) COMMUNITY ORGANIZING: TEN TNDC RESIDENTS GRADUATED FROM THE RESIDENT LEADERSHIP ACADEMY IN MAY 2013 AFTER A TEN-WEEK CLASS TO BUILD

4c (Code:) (Expenses \$ 2,127,496. including grants of \$) (Revenue \$ 984,659.) HOUSING DEVELOPMENT: 2013 ACHIEVEMENTS INCLUDE: 1) KELLY CULLEN COMMUNITY (172 SROS FOR 100% HOMELESS INDIVIDUALS): COMPLETED LEASE-UP, STABILIZED OPERATIONS, AND CONVERTED TO PERMANENT FINANCING. GRAND OPENING HELD MARCH 2013. 2) ROSA PARKS II (98 STUDIOS AND 1 BR APTS FOR 100% LOW-INCOME SENIORS): COMPLETED CONSTRUCTION DRAWINGS AND SUBMITTED A HUD SECTION 202 FIRM APPLICATION. 3) FRANCISCAN TOWERS (105 SROS FOR LOW-INCOME AND HOMELESS INDIVIDUALS AND FAMILIES): DESIGN DEVELOPMENT DRAWINGS COMPLETED AND PLANS SUBMITTED TO MOD. 4) 1400 MISSION (195 MULTIFAMILY UNITS; BELOW MARKET RATE HOMEOWNERSHIP/MODERATE INCOME): SITE PREPARATION BEGAN IN MAY 2013, AND CONSTRUCTION WAS CLOSED IN OCTOBER 2013. 5) O'FARRELL TOWERS (101 1-BEDROOM UNITS FOR SECTION 8 LOW-INCOME SENIORS): SCHEMATIC DESIGN COMPLETED AND FINANCING PLAN

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 19,298,282.

TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
25b		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
26		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	X	
27	X	
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28a		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
28c		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
29	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
30		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
31		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
32		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	
33	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
34	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35a	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	
35b	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
36		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
37		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	
38	X	

Note. All Form 990 filers are required to complete Schedule O

TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	21		
1b	Enter the number of voting members included in line 1a, above, who are independent		
	21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	X	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - 415-776-2151**
201 EDDY STREET, SAN FRANCISCO, CA 94102

TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ASCANIO PIOMELLI DIRECTOR	2.00 0.30	X					0.	0.	0.	
(2) BRAD PAUL DIRECTOR	2.00 0.30	X					0.	0.	0.	
(3) DAVID SEILER DIRECTOR	2.00 0.30	X					0.	0.	0.	
(4) DICK MCNEIL, JR. DIRECTOR	2.00 0.30	X					0.	0.	0.	
(5) DINA HILLIARD SECRETARY	2.00 0.30	X		X			0.	0.	0.	
(6) DR. DEBORRAH BREMOND DIRECTOR	2.00 0.30	X					0.	0.	0.	
(7) DR. ERICA MOHN DIRECTOR	2.00 0.30	X					0.	0.	0.	
(8) DR. SAUL FELDMAN DIRECTOR	2.00 0.30	X					0.	0.	0.	
(9) EDWARD SCHULTZ DIRECTOR	2.00 0.30	X					0.	0.	0.	
(10) ELIZABETH TRACEY DIRECTOR	2.00 0.30	X					0.	0.	0.	
(11) EUMI LEE DIRECTOR	2.00 0.30	X					0.	0.	0.	
(12) HYDEH GHAFARI PRESIDENT	2.00 0.30	X		X			0.	0.	0.	
(13) ILA AFSHARIPOUR DIRECTOR	2.00 0.30	X					0.	0.	0.	
(14) JAN PETERS DIRECTOR	2.00 0.30	X					0.	0.	0.	
(15) JOHN ROGERS DIRECTOR	2.00 0.30	X					0.	0.	0.	
(16) JOSH MUKHOPADHYAY DIRECTOR	2.00 0.30	X					0.	0.	0.	
(17) LISA LE DIRECTOR	2.00 0.30	X					0.	0.	0.	

TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARGARET SCHRAND DIRECTOR	2.00 0.30	X						0.	0.	0.
(19) NELSON BOSTROM DIRECTOR	2.00 0.30	X						0.	0.	0.
(20) NICOLE RIVERA DIRECTOR	2.00 0.30	X						0.	0.	0.
(21) NOREEN A. BEIRO VICE PRESIDENT	2.00 0.30	X		X				0.	0.	0.
(22) PATRICK MURCIA DIRECTOR	2.00 0.30	X						0.	0.	0.
(23) PEDRO TORRES DIRECTOR	2.00 0.30	X						0.	0.	0.
(24) SAMIA RASHED TREASURER	2.00 0.30	X		X				0.	0.	0.
(25) DONALD FALK EXECUTIVE DIRECTOR	40.00 8.00			X				199,416.	0.	16,957.
(26) ELIZABETH ORLIN COO	40.00 8.00			X				139,369.	0.	8,974.
1b Sub-total								338,785.	0.	25,931.
c Total from continuation sheets to Part VII, Section A								735,466.	0.	77,211.
d Total (add lines 1b and 1c)								1,074,251.	0.	103,142.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FRED ALSUP ASSOCIATES 6231 MALCOM DRIVE, DALLAS, TX 75214	CONSULTING	103,697.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

SEE PART VII, SECTION A CONTINUATION SHEETS

TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION

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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	424,172.				
	d	Related organizations	1d	50,000.				
	e	Government grants (contributions)	1e	487,385.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,133,850.				
	g	Noncash contributions included in lines 1a-1f: \$		1,692,088.				
	h	Total. Add lines 1a-1f		5,095,407.				
	Program Service Revenue	2 a	MANAGEMENT FEES	Business Code				
			531390	3,192,869.	3,192,869.			
b		RENTS AND FOOD SERVICES	531110	2,754,352.	2,754,352.			
c		CONSULTING FEES AND OTHER REVENUE	531390	1,058,381.	1,058,381.			
d		DEVELOPER FEES	531390	984,659.	984,659.			
e		INCOME FROM PARTNERSHIPS	531390	345,223.	345,223.			
f		All other program service revenue	531390	305,187.	305,187.			
g	Total. Add lines 2a-2f		8,640,671.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		91,841.			91,841.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real					
			(ii) Personal					
			b	Less: rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other		9,524,792.			
			b	Less: cost or other basis and sales expenses		5,911,984.		
			c	Gain or (loss)		3,612,808.		
	d	Net gain or (loss)		3,612,808.			3,612,808.	
	8 a	Gross income from fundraising events (not including \$ 424,172. of contributions reported on line 1c). See Part IV, line 18	a	76,982.				
			b	Less: direct expenses	288,667.			
c			Net income or (loss) from fundraising events		-211,685.			-211,685.
9 a	Gross income from gaming activities. See Part IV, line 19	a						
		b	Less: direct expenses					
		c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code						
11 a								
		b						
		c						
		d	All other revenue					
		e	Total. Add lines 11a-11d					
12	Total revenue. See instructions.		17,229,042.	8,640,671.	0.	3,492,964.		

TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	10,194,991.	10,194,991.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	19,450.	19,450.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	529,184.	419,394.	70,886.	38,904.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,922,641.	3,108,808.	525,455.	288,378.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	164,160.	132,644.	23,223.	8,293.
9 Other employee benefits	595,991.	481,569.	84,313.	30,109.
10 Payroll taxes	396,307.	346,828.	37,701.	11,778.
11 Fees for services (non-employees):				
a Management				
b Legal	37,471.	20,048.	10,878.	6,545.
c Accounting	92,097.	49,275.	26,735.	16,087.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	91,570.			91,570.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	706,778.	427,142.	231,754.	47,882.
12 Advertising and promotion				
13 Office expenses	556,743.	381,930.	158,955.	15,858.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	627,581.	627,581.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	621,396.	583,597.	37,799.	
23 Insurance	226,508.	198,228.	21,548.	6,732.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	765,156.	765,156.		
b REPAIR AND MAINTENANCE	653,218.	624,932.	28,286.	
c WRITE OFF OF DEVELOPMEN	392,825.	392,825.		
d UTILITIES	255,668.	244,597.	11,071.	
e All other expenses	330,816.	279,287.	42,584.	8,945.
25 Total functional expenses. Add lines 1 through 24e	21,180,551.	19,298,282.	1,311,188.	571,081.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION

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Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)		
		Beginning of year		End of year		
Assets	1 Cash - non-interest-bearing	2,811,466.	1	4,181,859.		
	2 Savings and temporary cash investments	10,291,562.	2	2,880,432.		
	3 Pledges and grants receivable, net	394,231.	3	317,502.		
	4 Accounts receivable, net	73,133.	4	251,935.		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6		
	7 Notes and loans receivable, net			7		
	8 Inventories for sale or use			8		
	9 Prepaid expenses and deferred charges	207,553.	9		107,338.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	25,538,241.	10a			
	b Less: accumulated depreciation	9,394,735.	10b			
		23,613,595.		10c	16,143,506.	
	11 Investments - publicly traded securities			11		
	12 Investments - other securities. See Part IV, line 11			12		
	13 Investments - program-related. See Part IV, line 11	2,398,153.	13		2,850,050.	
	14 Intangible assets			14		
15 Other assets. See Part IV, line 11	16,009,128.	15		15,884,248.		
16 Total assets. Add lines 1 through 15 (must equal line 34)	55,798,821.	16		42,616,870.		
Liabilities	17 Accounts payable and accrued expenses	843,407.	17		752,167.	
	18 Grants payable		18			
	19 Deferred revenue	154,403.	19		134,300.	
	20 Tax-exempt bond liabilities		20			
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21			
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22			
	23 Secured mortgages and notes payable to unrelated third parties	26,406,248.	23		19,547,557.	
	24 Unsecured notes and loans payable to unrelated third parties		24			
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	9,842,390.	25		7,581,982.	
	26 Total liabilities. Add lines 17 through 25	37,246,448.	26		28,016,006.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27 Unrestricted net assets	16,669,431.	27		12,572,703.	
	28 Temporarily restricted net assets	967,942.	28		838,161.	
	29 Permanently restricted net assets	915,000.	29		1,190,000.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30 Capital stock or trust principal, or current funds		30			
	31 Paid-in or capital surplus, or land, building, or equipment fund		31			
	32 Retained earnings, endowment, accumulated income, or other funds		32			
33 Total net assets or fund balances	18,552,373.	33		14,600,864.		
34 Total liabilities and net assets/fund balances	55,798,821.	34		42,616,870.		

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TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,229,042.
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,180,551.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,951,509.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,552,373.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,600,864.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2013

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION
Employer identification number 94-2761808

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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 exempt 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)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

TENDERLOIN NEIGHBORHOOD DEVELOPMENT

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2088837.	5840007.	4039952.	3371043.	5095407.	20435246.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	7600787.	7895457.	9566800.	14618654.	8640671.	48322369.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	9689624.	13735464.	13606752.	17989697.	13736078.	68757615.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			919,454.	103,939.	584,118.	1607511.
c Add lines 7a and 7b			919,454.	103,939.	584,118.	1607511.
8 Public support (Subtract line 7c from line 6.)						67150104.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	9689624.	13735464.	13606752.	17989697.	13736078.	68757615.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	114,733.	73,939.	70,508.	87,517.	91,841.	438,538.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	114,733.	73,939.	70,508.	87,517.	91,841.	438,538.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	9804357.	13809403.	13677260.	18077214.	13827919.	69196153.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	97.04 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	97.70 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	.63 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	.86 %

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

TENDERLOIN NEIGHBORHOOD DEVELOPMENT
CORPORATION

Employer identification number

94-2761808

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION	Employer identification number 94-2761808
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	_____ _____ _____	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	_____ _____ _____	\$ <u>5,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	_____ _____ _____	\$ <u>32,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION	Employer identification number 94-2761808
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 18,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 147,592.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION

Employer identification number

94-2761808

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 159,516.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 158,049.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 1,625,956.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION

Employer identification number

94-2761808

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 10,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 63,273.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 22,589.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION	Employer identification number 94-2761808
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 5,360.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 13,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 10,481.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION

Employer identification number

94-2761808

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 15,771.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 10,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 6,666.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION

Employer identification number

94-2761808

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 6,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 110,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION

Employer identification number

94-2761808

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 5,082.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 17,781.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION	Employer identification number 94-2761808
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 470,625.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 9,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION

Employer identification number

94-2761808

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 5,360.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 8,525.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 22,228.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION

Employer identification number

94-2761808

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ 33,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ 47,841.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION	Employer identification number 94-2761808
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69		\$ 87,970.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72		\$ 5,336.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION

Employer identification number

94-2761808

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$ 56,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74		\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76		\$ 59,031.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION	Employer identification number 94-2761808
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION	Employer identification number 94-2761808
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>15</u>	<u>DEBT FORGIVENESS</u> _____ _____ _____	\$ <u>1,625,956.</u>	<u>12/31/13</u>
<u>26</u>	<u>STOCK</u> _____ _____ _____	\$ <u>5,360.</u>	<u>12/18/13</u>
<u>31</u>	<u>FOOD AND SUPPLIES</u> _____ _____ _____	\$ <u>15,771.</u>	<u>12/31/13</u>
<u>63</u>	<u>FOOD</u> _____ _____ _____	\$ <u>47,841.</u>	<u>12/31/13</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION	Employer identification number 94-2761808
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Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

OMB No. 1545-0047

2013

Open to Public Inspection

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990**

Name of the organization TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION

Employer identification number
94-2761808

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 3b
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,994,623.		6,994,623.
b Buildings		17,203,721.	8,712,577.	8,491,144.
c Leasehold improvements		440,535.		440,535.
d Equipment		899,362.	682,158.	217,204.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				16,143,506.

TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN OTHER		
(2) COMPANIES	2,850,050.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	2,850,050.	

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) CONSTRUCTION IN PROGRESS	293,975.
(2) DUE FROM AFFILIATES	3,175,437.
(3) RESTRICTED DEPOSITS & RESERVES	5,023,661.
(4) GROUND LEASE RECEIVABLE	3,139,697.
(5) DEVELOPMENT AND MANAGEMENT FEES RECEIVABLE	1,997,929.
(6) NOTES AND INTEREST RECEIVABLE	2,003,549.
(7) DEPOSIT IN ESCROW	250,000.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	15,884,248.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) TENANTS DEPOSITS	173,220.
(3) DUE TO AFFILIATES	41,356.
(4) ACCRUED INTEREST PAYABLE	6,456,449.
(5) CONTRIBUTION PAYABLE	660,957.
(6) LINE OF CREDIT	250,000.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	7,581,982.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

EXPLANATION: TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION (TNDC) AND AFFILIATES BELIEVE THAT THEY HAVE APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DO NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. TNDC AND AFFILIATES' FEDERAL AND STATE INCOME TAX RETURNS FOR THE YEARS 2009 THROUGH 2012 ARE SUBJECT TO EXAMINATION BY REGULATORY AGENCIES, GENERALLY FOR THREE YEARS AND FOUR YEARS AFTER THEY WERE FILED FOR FEDERAL AND STATE, RESPECTIVELY.

TENDERLOIN NEIGHBORHOOD DEVELOPMENT

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		POOL TOSS (event type)	ANNUAL DINNER (event type)	NONE (total number)		
Revenue	1	Gross receipts	253,974.	247,180.		501,154.
	2	Less: Contributions	223,874.	200,298.		424,172.
	3	Gross income (line 1 minus line 2)	30,100.	46,882.		76,982.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	20,489.			20,489.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	160,058.	108,120.		268,178.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				288,667.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-211,685.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990**

Name of the organization **TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION**

**Employer identification number
94-2761808**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TNDC SUPPORTING FUND 201 EDDY STREET SAN FRANCISCO, CA 94102	20-8016199	501(C)(3)	3,000,000.	0.			HOLDING AND INVESTING FUNDS FOR THE BENEFIT OF TNDC
TURK STREET, INC. 201 EDDY STREET SAN FRANCISCO, CA 94102	94-3297381	501(C)(3)	7,180,321.	0.			SUPPORT FOR ORGANIZATION PROVIDING LOW-INCOME HOUSING

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **2.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

TENDERLOIN NEIGHBORHOOD DEVELOPMENT
CORPORATION

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COLLEGE SCHOLARSHIP	9	19,450.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

EXPLANATION: GRANTS ARE GENERALLY CONTRIBUTED TO AFFILIATED ORGANIZATIONS THAT ARE CONTROLLED BY THE FILING ORGANIZATION.

SCHOLARSHIP GRANTS ARE PAID DIRECTLY TO INSTITUTIONS OF HIGHER LEARNING.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization **TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION**

Employer identification number
94-2761808

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	X								
	4b	X								
	4c	X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p> <p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5a	X								
	5b	X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6a	X								
	6b	X								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	X								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

**TENDERLOIN NEIGHBORHOOD DEVELOPMENT
CORPORATION**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DONALD FALK EXECUTIVE DIRECTOR	(i)	199,416.	0.	0.	8,387.	8,570.	216,373.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PAUL SUSSMAN CFO	(i)	149,423.	0.	0.	6,890.	8,155.	164,468.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization **TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION** Employer identification number **94-2761808**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	3	64,212.	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>DEBT FORGIVEN</u>)	X	1	1,625,956.	FAIR MARKET VALUE
26 Other ▶ (<u>MOVIE TICKETS</u>)	X	1	1,620.	FACE VALUE
27 Other ▶ (<u>PING PONG TAB</u>)	X	1	200.	FAIR MARKET VALUE
28 Other ▶ (<u>GIFT CARD</u>)	X	1	100.	FAIR MARKET VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2013)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2013

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▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Name of the organization
**TENDERLOIN NEIGHBORHOOD DEVELOPMENT
CORPORATION**

Employer identification number
94-2761808

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

**TENDERLOIN AND THROUGHOUT SAN FRANCISCO, TO PROMOTE EQUITABLE ACCESS TO
OPPORTUNITY AND RESOURCES. TNDC FULFILLS ITS MISSION THROUGH A
FOUR-PART APPROACH: 1) HOUSING DEVELOPMENT CREATES, PRESERVES, AND
REHABILITATES AFFORDABLE HOUSING; 2) TENANT SERVICES PROVIDES VOLUNTARY
SOCIAL SERVICES ITS RESIDENTS THROUGH THE SOCIAL WORK UNIT AND TNDC'S
TENDERLOIN AFTER-SCHOOL PROGRAM (TASP); 3) PROPERTY MANAGEMENT
MAINTAINS AND OVERSEES TNDC PROPERTIES; AND 4) COMMUNITY ORGANIZING
REVITALIZES THE NEIGHBORHOOD THROUGH COMMUNITY DEVELOPMENT ACTIVITIES.**

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

**INTERPERSONAL, LEADERSHIP, AND ADVOCACY SKILLS AND TO LEARN STAGES OF
CAMPAIGN DEVELOPMENT. THEY FINISHED UP THEIR FIELD WORK AT THE END OF
JULY, CHOOSING A CAMPAIGN OF THEIR INTERESTS FROM THE GREEN TENDERLOIN
COALITION, TNDC ROOFTOP GARDENS, RESIDENT COMMUNITY ASSOCIATIONS,
CENTRAL MARKET STABILIZATION ADVOCACY, AND THE EDDY & TAYLOR
PARKLET/TENDERLOIN GREEN STREETS INITIATIVES. ONE GRADUATE HAS FOUND A
FULL-TIME JOB, FIVE GRADUATES MOVED ONTO THE SAN FRANCISCO'S CITYWIDE
LEADERSHIP ACADEMY, AND ALL TEN ARE ACTIVELY WORKING ON TNDC CAMPAIGNS.**

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

RESOLVED.

FORM 990, PART VI, SECTION B, LINE 11:

**EXPLANATION: AUDIT COMMITTEE REVIEWS AND APPROVES THE FORM 990. EACH BOARD
MEMBER IS PROVIDED A COPY OF THE FORM 990 BEFORE THE FILING OF THE FORM**

Name of the organization TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION	Employer identification number 94-2761808
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990. FULL BOARD DISCUSSES THE FORM 990 DURING ITS NEXT BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: TNDC HAS TWO CONFLICT OF INTEREST POLICIES, ONE FOR ITS BOARD OF DIRECTORS AND ANOTHER FOR ALL TNDC EMPLOYEES. FOR THE BOARD OF DIRECTORS, THE BOARD OR THE RELEVANT BOARD COMMITTEE DETERMINES IF A CONFLICT OF INTEREST EXISTS. IF A CONFLICT EXISTS, THE "INTERESTED PERSON" (INDIVIDUAL WHO MAY HAVE A CONFLICT OF INTEREST) MAY BE PERMITTED TO MAKE A PRESENTATION CONCERNING THE PROPOSED TRANSACTION OR ARRANGEMENT TO THE BOARD OR BOARD COMMITTEE, BUT AFTER THAT PRESENTATION, THE INTERESTED PERSON LEAVES THE MEETING DURING THE DISCUSSION OF, AND VOTE ON, THE PROPOSED TRANSACTION OR ARRANGEMENT. THE BOARD OR BOARD COMMITTEE EXERCISES ALL APPROPRIATE DUE DILIGENCE AND THEN DETERMINES WHETHER AN ALTERNATIVE TRANSACTION OR ARRANGEMENT CAN BE MADE THAT WOULD NOT RESULT IN A CONFLICT. IF THE BOARD OR BOARD COMMITTEE DETERMINES THAT IT IS NOT POSSIBLE TO OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT, THE BOARD OR BOARD COMMITTEE DETERMINES, BY A MAJORITY VOTE OF DISINTERESTED DIRECTORS, WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT THAT PRESENTS A CONFLICT OF INTEREST. ALL DIRECTORS ARE REQUIRED TO COMPLETE AN ANNUAL "DECLARATION OF INTEREST WHICH MAY BE IN CONFLICT" FORM, DISCLOSING POTENTIAL CONFLICTS WHICH MAY POSSIBLY ARISE DURING THE COURSE OF THE YEAR. FOR EMPLOYEES, MEMBERS OF THE SENIOR MANAGEMENT TEAM MUST COMPLETE AN ANNUAL "DECLARATION OF INTEREST WHICH MAY BE IN CONFLICT" FORM WHICH MUST BE UPDATED IN THE EVENT THAT A NEW POTENTIAL CONFLICT OF INTEREST SURFACES, AND ALL OTHER EMPLOYEES WITH A POTENTIAL CONFLICT MUST DO THE SAME. ANY POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED BY THE EXECUTIVE DIRECTOR, AND APPROVED OR MITIGATED AT THE EXECUTIVE DIRECTOR'S DISCRETION. IF THE CONFLICT INVOLVES THE EXECUTIVE DIRECTOR, THE CONFLICT IS REVIEWED,

Name of the organization **TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION**

Employer identification number
94-2761808

APPROVED AND IF NECESSARY MITIGATED BY THE BOARD PRESIDENT.

FORM 990, PART VI, SECTION B, LINE 15A:

EXPLANATION: THE ORGANIZATION FOLLOWS THE REQUIREMENTS OF SB1262, WHEREIN COMPARABILITY DATA AND SUBSTANTIATION IS REQUIRED IF THERE IS A NEWLY HIRED CEO OR CFO OR THE COMPENSATION OF EITHER/BOTH IS INCREASED INCONGRUENTLY WITH THOSE OF OTHER EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: GOVERNING DOCUMENTS AND POLICY ARE AVAILABLE UPON REQUEST. AUDITED FINANCIAL STATEMENTS ARE POSTED ON WEBSITE.

FORM 990, PART VI, LINE 1A

EXPLANATION: THE EXECUTIVE COMMITTEE IS EMPOWERED IN THE CORPORATION'S BYLAWS TO EXERCISE ALL AUTHORITY OF THE BOARD BETWEEN MEETINGS OF THE BOARD, EXCEPT TO:

- A) FILL VACANCIES ON THE BOARD OR ON ANY COMMITTEE;
- B) AMEND OR REPEAL THE ARTICLES OF INCORPORATION OR BYLAWS OR ADOPT NEW BYLAWS;
- C) AMEND OR REPEAL ANY RESOLUTION OF THE BOARD;
- D) DESIGNATE ANY OTHER COMMITTEES OF THE BOARD OR APPOINT THE MEMBERS OF ANY COMMITTEE;
- E) APPROVE ANY TRANSACTION (1) TO WHICH THE CORPORATION IS A PARTY AND ONE OR MORE DIRECTORS HAS A MATERIAL FINANCIAL INTEREST; OR (2) BETWEEN THE CORPORATION AND ONE OR MORE OF ITS DIRECTORS OR BETWEEN THE CORPORATION AND ANY CORPORATION OR FIRM IN WHICH ONE OR MORE OF ITS DIRECTORS HAS A MATERIAL FINANCIAL INTEREST.

Name of the organization TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION	Employer identification number 94-2761808
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AT 12/31/13, THE EXECUTIVE COMMITTEE WAS COMPOSED OF THE FOLLOWING

BOARD MEMBERS:

HYDEH GHAFARI

NOREEN BEIRO

DINA HILLIARD

SAMIA RASHED

JOHN ROGERS

FORM 990, PART XII, LINE 2C

EXPLANATION: THE PROCESS FOR OVERSEEING THE AUDIT AND SELECTING THE INDEPENDENT ACCOUNTANT HAS NOT CHANGED.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization **TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION** Employer identification number **94-2761808**

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
1036 MISSION GP LLC - 76-0844259 201 EDDY STREET SAN FRANCISCO, CA 94102	PROVIDE LOW INCOME HOUSING	CALIFORNIA	2,035.	-666.	TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORP.
10M GP LLC - 26-2768296 201 EDDY STREET SAN FRANCISCO, CA 94102	LOW INCOME HOUSING RENTAL	CALIFORNIA			TURK STREET, INC.
1166 HOWARD ST. COMMERCIAL LLC - 94-3402324 201 EDDY STREET SAN FRANCISCO, CA 94102	COMMUNITY-SERVING COMMERCIAL RENTAL	CALIFORNIA	340,590.	1,613,336.	TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORP.
1400M CONSULTING LLC - 45-3517627 201 EDDY STREET SAN FRANCISCO, CA 94102	HOUSING DEVELOPMENT CONSULTING	CALIFORNIA			TURK STREET, INC.

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
AMBASSADOR SRO, INC. - 94-3366155 201 EDDY STREET SAN FRANCISCO, CA 94102	LOW INCOME HOUSING RENTAL	CALIFORNIA	501(C)(3)	LINE 11A, I	TNDC	X	
EDDY STREET, INC. - 94-3297380 201 EDDY STREET SAN FRANCISCO, CA 94102	LOW INCOME HOUSING RENTAL	CALIFORNIA	501(C)(3)	LINE 11A, I	TNDC	X	
ELLIS STREET INC. - 94-3324166 201 EDDY STREET SAN FRANCISCO,, CA 94102	LOW INCOME HOUSING RENTAL	CALIFORNIA	501(C)(3)	LINE 11A, I	TNDC	X	
HAIGHT STREET SENIOR HOUSING, INC - 91-2152456, 201 EDDY STREET, SAN FRANCISCO, CA 94102	LOW INCOME HOUSING RENTAL	CALIFORNIA	501(C)(3)	LINE 11A, I	TNDC	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2013

TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION

Schedule R (Form 990)

94-2761808

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
220 GOLDEN GATE CLINIC LLC 201 EDDY STREET SAN FRANCISCO, CA 94102	RENTAL TO COMMUNITY-SERVING HEALTH CLINIC	CALIFORNIA			TURK STREET, INC.
44 MCALLISTER GP LLC 201 EDDY STREET SAN FRANCISCO, CA 94102	PROVIDE LOW INCOME HOUSING	CALIFORNIA			TURK STREET, INC.
5H GP LLC - 27-0989772 201 EDDY STREET SAN FRANCISCO, CA 94102	PROVIDE LOW INCOME HOUSING	CALIFORNIA			TURK STREET, INC.
ALABAMA STREET COMMERCIAL LLC - 41-2212084 201 EDDY STREET SAN FRANCISCO, CA 94102	COMMUNITY-SERVING COMMERCIAL RENTAL	CALIFORNIA			TURK STREET, INC.
ALEXANDER GP LLC 201 EDDY STREET SAN FRANCISCO, CA 94102	PROVIDE LOW INCOME HOUSING	CALIFORNIA	2,056.	418,409.	TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORP.
ANTONIA GP LLC 201 EDDY STREET SAN FRANCISCO, CA 94102	PROVIDE LOW INCOME HOUSING	CALIFORNIA	79,935.	-237,760.	TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORP.
E & T HOUSING GP LLC 201 EDDY STREET SAN FRANCISCO, CA 94102	PROVIDE LOW INCOME HOUSING	CALIFORNIA			TURK STREET, INC.
FRANCISCAN TOWERS GP LLC 201 EDDY STREET SAN FRANCISCO, CA 94102	LOW INCOME HOUSING RENTAL	CALIFORNIA			TURK STREET, INC.
MARIA GP LLC 201 EDDY STREET SAN FRANCISCO, CA 94102	PROVIDE LOW INCOME HOUSING	CALIFORNIA	1,943.	261,035.	TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORP.
POLK SENIOR HOUSING LLC - 56-2568850 201 EDDY STREET SAN FRANCISCO, CA 94102	PROVIDE LOW INCOME HOUSING	CALIFORNIA	31,065.	52,381.	TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORP.

TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION

Schedule R (Form 990)

94-2761808

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ROSA PARKS II GP LLC 201 EDDY STREET SAN FRANCISCO, CA 94102	LOW INCOME HOUSING RENTAL	CALIFORNIA			TURK STREET, INC.
TNDC-GP, LLC - 30-0294923 201 EDDY STREET SAN FRANCISCO, CA 94102	PROVIDE LOW INCOME HOUSING	CALIFORNIA	68,978.	152,498.	TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORP.
TURK & EDDY GP LLC 201 EDDY STREET SAN FRANCISCO, CA 94102	PROVIDE LOW INCOME HOUSING	CALIFORNIA			TURK STREET, INC.

TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION

Schedule R (Form 990)

94-2761808

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
HOWARD STREET DEVELOPMENT CORP. - 94-3336303 201 EDDY STREET SAN FRANCISCO, CA 94102	LOW INCOME HOUSING RENTAL	CALIFORNIA	501(C)(3)	LINE 11A, I	TNDC	X	
MCALLISTER STREET, INC. - 94-3212716 201 EDDY STREET SAN FRANCISCO, CA 94102	LOW INCOME HOUSING RENTAL	CALIFORNIA	501(C)(3)	LINE 11A, I	TNDC	X	
O'FARRELL SENIOR HOUSING INC. - 94-3367164 201 EDDY STREET SAN FRANCISCO, CA 94102	LOW INCOME HOUSING RENTAL	CALIFORNIA	501(C)(3)	LINE 11A, I	TNDC	X	
TAYLOR FAMILY HOUSING, INC. - 94-3403318 201 EDDY STREET SAN FRANCISCO, CA 94102	LOW INCOME HOUSING RENTAL	CALIFORNIA	501(C)(3)	LINE 11A, I	TNDC	X	
TNDC SUPPORTING FUND - 20-8016199 201 EDDY STREET SAN FRANCISCO, CA 94102	SUPPORT FOR TNDC ACTIVITIES	CALIFORNIA	501(C)(3)	LINE 11A, I	TNDC	X	
TURK STREET, INC. - 94-3297381 201 EDDY STREET SAN FRANCISCO, CA 94102	LOW INCOME HOUSING RENTAL	CALIFORNIA	501(C)(3)	LINE 11A, I	TNDC	X	
WEST HOTEL SRO, INC. - 94-3388970 201 EDDY STREET SAN FRANCISCO, CA 94102	LOW INCOME HOUSING RENTAL	CALIFORNIA	501(C)(3)	LINE 11A, I	TNDC	X	

TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
1036 MISSION ASSOCIATES, L.P. - 13-4352727, 201 EDDY STREET, SAN FRANCISCO, CA 94102	LOW INCOME HOUSING RENTAL	CA	1036 MISSION GP LLC	RELATED	5.	7,774,881.		X	N/A	X		.01%
10M ASSOCIATES, L.P. - 26-2768327, 201 EDDY STREET, SAN FRANCISCO, CA 94102	LOW INCOME HOUSING RENTAL	CA	10M GP LLC	RELATED				X	N/A	X		
1166 HOWARD ST. ASSOCIATES LP - 94-3379260, 201 EDDY STREET, SAN FRANCISCO, CA 94102	LOW INCOME HOUSING RENTAL	CA	HOWARD ST. DEVELOPMENT CORP.	RELATED				X	N/A	X		
220 GOLDEN GATE ASSOCIATES, L.P. - 45-0560511, 201 EDDY STREET, SAN FRANCISCO, CA 94102	LOW INCOME HOUSING RENTAL	CA	TURK STREET, INC.	RELATED				X	N/A	X		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
220 GOLDEN GATE HISTORIC CORP. - 27-2153989 201 EDDY STREET SAN FRANCISCO, CA 94102	LOW INCOME HOUSING RENTAL	CA	TURK STREET INC.	C CORP				X	

TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION

Schedule R (Form 990)

94-2761808

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
220 GOLDEN GATE MASTER TENANT LP - 27-2154035, 201 EDDY STREET, SAN FRANCISCO, CA 94102	LOW INCOME HOUSING RENTAL	CA	220 GOLDEN GATE HISTORIC CORP.	RELATED				X		N/A	X	
44 MCALLISTER ASSOCIATES, L.P. - 06-1820178, 201 EDDY STREET, SAN FRANCISCO, CA 94102	LOW INCOME HOUSING RENTAL	CA	44 MCALLISTER GP LLC	RELATED				X		N/A	X	
ALABAMA STREET HOUSING ASSOCIATES LP - 71-0944603, 201 EDDY STREET, SAN FRANCISCO, CA 94102	LOW INCOME HOUSING RENTAL	CA	TURK STREET, INC.	RELATED				X		N/A	X	
ALABAMA STREET SENIOR HOUSING ASSOC., LP - 51-0596381, 201 EDDY STREET, SAN FRANCISCO, CA 94102	LOW INCOME HOUSING RENTAL	CA	TURK STREET, INC.	RELATED				X		N/A	X	
AM PRESERVATION, L.P. - 94-3374632, 201 EDDY STREET, SAN FRANCISCO, CA 94102	LOW INCOME HOUSING RENTAL	CA	ANTONIA GP LLC	RELATED	77,889.	478,155.		X		N/A	X	.10%
AMBASSADOR SRO ASSOCIATES, L.P. - 94-3386630, 201 EDDY STREET, SAN FRANCISCO, CA 94102	LOW INCOME HOUSING RENTAL	CA	AMBASSADOR SRO, INC.	RELATED				X		N/A	X	
AR PRESERVATION, L.P. - 94-3374866, 201 EDDY STREET, SAN FRANCISCO, CA 94102	LOW INCOME HOUSING RENTAL	CA	ALEXANDER GP LLC	RELATED	-13.	867,537.		X		N/A	X	.01%
CURRAN HOUSE LIMITED PARTNERSHIP - 87-0712718, 201 EDDY STREET, SAN FRANCISCO, CA 94102	LOW INCOME HOUSING RENTAL	CA	ELLIS STREET, INC.	RELATED				X		N/A	X	
DALT HOTEL, L.P. - 94-3297657 201 EDDY STREET SAN FRANCISCO, CA 94102	LOW INCOME HOUSING RENTAL	CA	TURK STREET, INC.	RELATED				X		N/A	X	

TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION

Schedule R (Form 990)

94-2761808

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
EDDY AND TAYLOR ASSOCIATES, L.P. - 71-1039861, 201 EDDY STREET, SAN FRANCISCO, CA 94102	LOW INCOME HOUSING RENTAL	CA	E & T HOUSING GP LLC	RELATED				X		N/A	X	
ELLIS STREET ASSOCIATES - 94-3359038, 201 EDDY STREET, SAN FRANCISCO, CA 94102	LOW INCOME HOUSING RENTAL	CA	ELLIS STREET, INC.	RELATED				X		N/A	X	
FOLSOM-DORE ASSOCIATES - 71-0893906, 201 EDDY STREET, SAN FRANCISCO, CA 94102	LOW INCOME HOUSING RENTAL	CA	TURK STREET, INC.	RELATED				X		N/A	X	
FRANCISCAN TOWER ASSOCIATES LP - 45-4544498, 201 EDDY STREET, SAN FRANCISCO, CA 94102	LOW INCOME HOUSING RENTAL	CA	FRANCISCAN TOWER GP LLC	RELATED				X		N/A	X	
KLIMM APARTMENTS, L.P. - 65-1207289, 201 EDDY STREET, SAN FRANCISCO, CA 94102	LOW INCOME HOUSING RENTAL	CA	TNDC-GP, LLC	RELATED	66,775.	1,332,196.		X		N/A	X	.01%
MCALLISTER STREET ASSOCIATES - 94-3212715, 201 EDDY STREET, SAN FRANCISCO, CA 94102	LOW INCOME HOUSING RENTAL	CA	MCALLISTER STREET, INC.	RELATED	-13,227.	3,021,939.		X		N/A	X	99.00%
MM PRESERVATION, L.P. - 94-3374634, 201 EDDY STREET, SAN FRANCISCO, CA 94102	LOW INCOME HOUSING RENTAL	CA	MARIA GP LLC	RELATED	-151.	1,249,526.		X		N/A	X	.10%
POLK SENIOR HOUSING ASSOCIATES, L.P. - 56-2568859, 201 EDDY STREET, SAN FRANCISCO, CA 94102	LOW INCOME HOUSING RENTAL	CA	POLK SENIOR HOUSING LLC	RELATED	28,937.	239,677.		X		N/A	X	.01%
RITZ HOTEL, L.P. - 94-3297659 201 EDDY STREET SAN FRANCISCO, CA 94102	LOW INCOME HOUSING RENTAL	CA	EDDY STREET, INC.	RELATED				X		N/A	X	

**TENDERLOIN NEIGHBORHOOD DEVELOPMENT
CORPORATION**

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)	X	
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MCALLISTER STREET, INC.	A	4,847.	FMV - ARMS LENGTH
(2) KLIMM APARTMENTS, LP	A	42,058.	FMV - ARMS LENGTH
(3) TURK STREET, INC.	B	7,180,322.	FMV - ARMS LENGTH
(4) TENDERLOIN SUPPORTING FUND	B	3,000,000.	FMV - ARMS LENGTH
(5) 5H GP, LLC	D	155,371.	FMV - ARMS LENGTH
(6) RITZ HOTEL LP	D	297,692.	FMV - ARMS LENGTH

TENDERLOIN NEIGHBORHOOD DEVELOPMENT
CORPORATION

Schedule R (Form 990)

94-2761808

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) EDDY & TAYLOR ASSOCIATES, L.P.	D	328,364.	FMV - ARMS LENGTH
(8) MCALLISTER STREET ASSOCIATES	I	52,793.	FMV - ARMS LENGTH
(9) MCALLISTER STREET ASSOCIATES	L	62,904.	FMV - ARMS LENGTH
(10) RITZ HOTEL LP	L	86,400.	FMV - ARMS LENGTH
(11) TURK & EDDY ASSOCIATES, LP	L	92,964.	FMV - ARMS LENGTH
(12) O'FARRELL SENIOR HOUSING, INC.	L	95,294.	FMV - ARMS LENGTH
(13) HAIGHT STREET SENIOR HOUSING, INC.	L	35,760.	FMV - ARMS LENGTH
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

