

Form **990**

Return of Organization Exempt From Income Tax

2006

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2006 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"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION		D Employer identification number 94-2761808
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 201 EDDY STREET		E Telephone number (415) 776-2151
		City or town, state or country, and ZIP + 4 SAN FRANCISCO, CA 94102		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

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

Hand I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

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

G Website: WWW.TNDC.ORG

J Organization type (check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **21,782,196.**

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b	1,904,690.		
	c Indirect public support (not included on line 1a)	1c	24,765.		
	d Government contributions (grants) (not included on line 1a)	1d			
	e Total (add lines 1a through 1d) (cash \$ 1,912,228. noncash \$ 17,227.)	1e			1,929,455.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			5,866,152.
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			358,397.
	5 Dividends and interest from securities	5			51,128.
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
c Net rental income or (loss). Subtract line 6b from line 6a	6c				
7 Other investment income (describe)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a	12,750,000.		
	Less: cost or other basis and sales expenses	8b	10,331,887.		
	Gain or (loss) (attach schedule)	8c	2,418,113.		
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	STMT 1		2,418,113.
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ 172,642. of contributions reported on line 1b)	9a	262,210.		
	b Less: direct expenses other than fundraising expenses	9b	262,210.		
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c	SEE STATEMENT 2		0.
10 a Gross sales of inventory, less returns and allowances		10a			
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11			564,854.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			11,188,099.	
Expenses	13 Program services (from line 44, column (B))	13			7,653,164.
	14 Management and general (from line 44, column (C))	14			973,241.
	15 Fundraising (from line 44, column (D))	15			765,664.
	16 Payments to affiliates (attach schedule)	16	SEE STATEMENT 3		6,801,672.
	17 Total expenses. Add lines 16 and 44, column (A)	17			16,193,741.
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18			-5,005,642.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			11,383,930.
	20 Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 4		-21,899.
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			6,356,389.

TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 6	147,279.	110,061.	24,537.	12,681.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B STMT 7	33,483.	25,022.	5,578.	2,883.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	3,857,445.	2,882,633.	642,516.	332,296.
27 Pension plan contributions not included on lines 25a, b, and c	33,159.	27,173.	4,249.	1,737.
28 Employee benefits not included on lines 25a - 27	426,954.	349,926.	54,734.	22,294.
29 Payroll taxes	357,662.	293,136.	45,850.	18,676.
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies				
34 Telephone				
35 Postage and shipping				
36 Occupancy				
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel				
40 Conferences, conventions, and meetings				
41 Interest	563,962.	557,962.	6,000.	
42 Depreciation, depletion, etc. (attach schedule)	852,529.	852,529.		
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 5	3,119,596.	2,554,722.	189,777.	375,097.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	9,392,069.	7,653,164.	973,241.	765,664.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 11	<p align="center">Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p>
<p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	
<p>a SEE STATEMENT 8</p>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	6,075,533.
<p>b SEE STATEMENT 9</p>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	966,295.
<p>c SEE STATEMENT 10</p>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	611,336.
<p>d</p>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	7,653,164.

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	626,167.	45		
	46 Savings and temporary cash investments	621,207.	46	2,129,501.	
	47 a Accounts receivable	317,227.			
	b Less: allowance for doubtful accounts				
			243,747.	47c	317,227.
	48 a Pledges receivable				
	b Less: allowance for doubtful accounts				
				48c	
	49 Grants receivable		226,739.	49	415,589.
	50 a Receivables from current and former officers, directors, trustees, and key employees			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b	
	51 a Other notes and loans receivable				
	b Less: allowance for doubtful accounts				
				51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges		330,150.	53	282,594.
	54 a Investments - publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments - other securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55 a Investments - land, buildings, and equipment: basis				
b Less: accumulated depreciation					
			55c		
56 Investments - other	SEE STATEMENT 12	12,598,010.	56	8,646,075.	
57 a Land, buildings, and equipment: basis	57a 33,148,754.				
b Less: accumulated depreciation STMT 13	57b 10,470,308.	23,469,274.	57c	22,678,446.	
58 Other assets, including program-related investments (describe ▶ SEE STATEMENT 14)		7,275,658.	58	6,750,684.	
59 Total assets (must equal line 74). Add lines 45 through 58		45,390,952.	59	41,220,116.	
Liabilities	60 Accounts payable and accrued expenses	819,623.	60	776,788.	
	61 Grants payable		61		
	62 Deferred revenue	252,948.	62	200,577.	
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable	25,745,686.	64b	25,843,319.	
	65 Other liabilities (describe ▶ SEE STATEMENT 15)	7,188,765.	65	8,043,043.	
66 Total liabilities. Add lines 60 through 65		34,007,022.	66	34,863,727.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	10,347,292.	67	5,192,658.	
	68 Temporarily restricted	1,036,638.	68	1,163,731.	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		11,383,930.	73	6,356,389.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		45,390,952.	74	41,220,116.	

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Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b <u>N/A</u>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		
	84a <u>N/A</u>		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b <u>N/A</u>		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	85a <u>N/A</u>		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	85b <u>N/A</u>		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members		
	85c <u>N/A</u>		
d	Section 162(e) lobbying and political expenditures		
	85d <u>N/A</u>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e <u>N/A</u>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f <u>N/A</u>		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	85g <u>N/A</u>		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	85h <u>N/A</u>		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a <u>N/A</u>		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b <u>N/A</u>		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a <u>N/A</u>		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b <u>N/A</u>		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	X	
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	X	
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	<u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	<u>0.</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89 a	List the states with which a copy of this return is filed CA		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	230
91 a	The books are in care of THE ORGANIZATION Telephone no. 415-776-2151 Located at 201 EDDY STREET, SAN FRANCISCO, CA ZIP + 4 94102		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		

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Part VI	Other Information (continued)		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?		91c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country N/A				
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/>		92	N/A	
and enter the amount of tax-exempt interest received or accrued during the tax year				

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a RENTS AND FOOD SERVICE					3,273,401.
b DEVELOPER FEES					428,480.
c MANAGEMENT FEES					1,497,383.
d CONTRACT SERVICE FEES					666,888.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	358,397.	
96 Dividends and interest from securities			14	51,128.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					2,418,113.
101 Net income or (loss) from special events			01		
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a DEFERRED GROUND LEASE					306,084.
b OTHER INCOME					242,566.
c INCOME FROM PARTNERSHIP					16,204.
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		409,525.	8,849,119.
105 Total (add line 104, columns (B), (D), and (E))					9,258,644.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII	Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)
Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 19

Part IX	Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)			
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
SEE STATEMENT 18	%			
	%			
	%			
	%			

Part X	Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)
(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).	

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Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	Yes	No
	<input checked="" type="checkbox"/>	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	TNDC SUPPORTING FUND 201 EDDY STREET SAN FRANCISCO, CA 94102	20-8016199	SEE STATEMENT 2006	6,801,672.
b	----- ----- -----			
c	----- ----- -----			
Totals				6,801,672.

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	Yes	No
		<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?	Yes	No
		<input checked="" type="checkbox"/>

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.

Please Sign Here	Signature of officer _____ PAUL SUSSMAN, CHIEF FINANCIAL OFFICER Type or print name and title	Date _____
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Paid Preparer's Use Only	Preparer's signature _____ Firm's name (or yours if self-employed), address, and ZIP + 4 LINDQUIST, VON HUSEN & JOYCE LLP 90 NEW MONTGOMERY STREET, 11TH FLOOR SAN FRANCISCO, CA 94105	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) _____ EIN _____ Phone no. (415) 957-9999
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SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2006

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

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

(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
WENDY CHAN 201 EDDY ST., SAN FRANCISCO, CA 94102	DIR. FINANCE 40.00	91,576.	22,693.	
KEN SOMMER 201 EDDY ST., SAN FRANCISCO, CA 94102	DIR. FUND DEV. 40.00	88,738.	9,273.	
YVETTE ROBINSON 201 EDDY ST., SAN FRANCISCO, CA 94102	DIR. TEN. SVC 40.00	88,689.	5,653.	
PAUL SUSSMAN 201 EDDY ST., SAN FRANCISCO, CA 94102	CFO 40.00	87,727.	25,831.	
FELICA SCRUGGS-WRIGHT 201 EDDY ST., SAN FRANCISCO, CA 94102	DIR. PROP. MGMT. 40.00	87,477.	8,253.	
Total number of other employees paid over \$50,000 ▶	21			

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

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SUSAN KIRSCH 109 RYAN AVE., MILL VALLEY, CA 94942	GRANT WRITER	61,853.

Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
GELFAND RNP ARCHITECHS 450 GEARY ST. SUITE 100. , SF, CA 94102	ARCHITECTURE	74,869.
CAHILL CONTRACTORS, INC. 425 CALIFORNIA ST., SUITE 230, SF, CA 94104	CONSTRUCTION	52,642.

Total number of other contractors receiving over \$50,000 for other services ▶	0	

TENDERLOIN NEIGHBORHOOD DEVELOPMENT

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) SEE STATEMENT 21	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	X
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	X
d	Enter the total number of donor advised funds owned at the end of the tax year		0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		0.
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

TENDERLOIN NEIGHBORHOOD DEVELOPMENT

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,418,400.	1,635,187.	2,486,306.	2,540,744.	8,080,637.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	6,620,259.	6,447,971.	8,153,970.	8,127,059.	29,349,259.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	110,843.	71,695.	90,409.	98,039.	370,986.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	886,430.	636,462.	SEE STATEMENT 22 566,251.	515,016.	2,604,159.
23 Total of lines 15 through 22	9,035,932.	8,791,315.	11,296,936.	11,280,858.	40,405,041.
24 Line 23 minus line 17	2,415,673.	2,343,344.	3,142,966.	3,153,799.	11,055,782.
25 Enter 1% of line 23	90,359.	87,913.	112,969.	112,809.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2005) 0. (2004) 0. (2003) 0. (2002) 0.					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) 0. (2004) 0. (2003) 0. (2002) 0.					
c Add: Amounts from column (e) for lines: 15 8,080,637. 16 _____ 17 29,349,259. 20 _____ 21 _____					27c 37,429,896.
d Add: Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 37,429,896.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 40,405,041.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 92.6367%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .9182%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

TENDERLOIN NEIGHBORHOOD DEVELOPMENT

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

TENDERLOIN NEIGHBORHOOD DEVELOPMENT

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			0.

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2006

Name of 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 organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate 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: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do 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, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization
TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION

Employer identification number
94-2761808

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION	Employer identification number 94-2761808
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION	Employer identification number 94-2761808
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION	Employer identification number 94-2761808
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 39,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization
TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION

Employer identification number

94-2761808

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	_____	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION	Employer identification number 94-2761808
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization
TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION

Employer identification number
94-2761808

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION	Employer identification number 94-2761808
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization
TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION

Employer identification number
94-2761808

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52		\$ 69,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION	Employer identification number 94-2761808
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION	Employer identification number 94-2761808
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization
TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION

Employer identification number
94-2761808

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
67		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT	1
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
SALE OF LAND	10/25/00	03/02/06	DONATED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
TENTH AND MARKET, LLC	12,750,000.	10,331,887.	0.	0.	2,418,113.
TO FM 990, PART I, LN	812,750,000.	10,331,887.	0.	0.	2,418,113.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ANNUAL DINNER	245,508.	99,622.	145,886.	145,886.	0.
POOL TOSS	189,344.	73,020.	116,324.	116,324.	0.
TO FM 990, PART I, LINE 9	434,852.	172,642.	262,210.	262,210.	0.

FORM 990	PAYMENTS TO AFFILIATES	STATEMENT	3
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AFFILIATE'S NAME	AFFILIATE'S ADDRESS	AMOUNT
TNDC SUPPORTING FUND	201 EDDY STREET SAN FRANCISCO, CA 94102	
PURPOSE OF PAYMENT		
CONTRIBUTION TO SUPPORTING ORGANIZATION		6,801,672.
TOTAL TO FORM 990, PART I, LINE 16		6,801,672.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENT	28,101.
EQUITY TRANSFERS FOR AFFILIATE DEMAND NOTES	-50,000.
TOTAL TO FORM 990, PART I, LINE 20	-21,899.

FORM 990	OTHER EXPENSES	STATEMENT	5
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DESCRIPTION	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
SECURITY	51,903.	51,373.	530.	0.
UTILITIES	456,862.	454,386.	2,476.	0.
OFFICE SUPPLIES, EQUIPMENT AND SERVICES	587,747.	479,969.	75,512.	32,266.
REPAIR AND MAINTENANCE	586,271.	582,467.	3,804.	0.
PROGRAM SERVICES	155,753.	155,753.	0.	0.
PROFESSIONAL FEES	604,299.	212,074.	64,808.	327,417.
WORKERS COMPENSATION	295,161.	241,910.	37,837.	15,414.
INSURANCE & PROPERTY TAX	381,600.	376,790.	4,810.	0.
TOTAL TO FM 990, LN 43	3,119,596.	2,554,722.	189,777.	375,097.

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25A

STATEMENT 6

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DONALD FALK	118,827.	28,452.		147,279.
A. PROGRAM SERVICES	88,799.	21,262.		110,061.
B. MANAGEMENT AND GENERAL	19,797.	4,740.		24,537.
C. FUNDRAISING	10,231.	2,450.		12,681.
TOTAL PROGRAM SERVICES				110,061.
TOTAL MANAGEMENT AND GENERAL				24,537.
TOTAL FUNDRAISING				12,681.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				147,279.

DESCRIPTION OF PROGRAM SERVICE ONE

AFFORDABLE HOUSING. TNDC PROVIDES AFFORDABLE HOUSING WITH SUPPORT SERVICES TO 2,500 LOW-INCOME INDIVIDUALS AND FAMILIES PRIMARILY LIVING IN THE TENDERLOIN NEIGHBORHOOD OF SAN FRANCISCO. OVER 250 TNDC RESIDENTS WERE FORMERLY HOMELESS, AND 77% LIVE ON INCOMES OF \$13,000 OR LESS PER YEAR. RESIDENTS INCLUDE SENIORS, CHILDREN AND YOUTH, THE FORMERLY HOMELESS, VETERANS, AND PEOPLE WITH MENTAL ILLNESS, PHYSICAL DISABILITIES, AND HIV/AIDS.

GRANTS

EXPENSES

TO FORM 990, PART III, LINE A

6,075,533.

DESCRIPTION OF PROGRAM SERVICE TWO

SOCIAL SERVICES. TNDC PROVIDES VOLUNTARY SOCIAL SERVICES TO OVER 1,800 OF ITS RESIDENTS AND 220 NEIGHBORHOOD CHILDREN.

⊙ SOCIAL WORKERS - 17 SOCIAL WORKERS HELP TENANTS STABILIZE AND RETAIN HOUSING, PROVIDE ONE-ON-ONE SUPPORT AND REFERRAL SERVICES, AND BUILD COMMUNITY BY WAY OF SOCIAL GATHERINGS AND FACILITATED MEETINGS.

⊙ TNDCⓈ AFTER-SCHOOL PROGRAM (TASP) BENEFITS APPROXIMATELY 220 AT-RISK CHILDREN AGES 5-17 BY PROVIDING YEAR-ROUND EDUCATIONAL, SOCIAL AND RECREATIONAL ACTIVITIES, AT NO COST TO FAMILIES. IT PROVIDES MENTORING, TUTORING AND ACADEMIC SUPPORT, COMPUTER TRAINING, SPORTS, DANCING, ART ACTIVITIES, AND ANNUAL COLLEGE TOURS FOR OLDER YOUTH TO GAIN EXPOSURE TO THE WORLD OUTSIDE THE TENDERLOIN.

TO FORM 990, PART III, LINE B

GRANTS	EXPENSES
_____	_____
_____	966,295.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT 13
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	8,708,623.	0.	8,708,623.
BUILDINGS, FURNITURES, AND IMPROVEMENTS	24,440,131.	10,470,308.	13,969,823.
TOTAL TO FORM 990, PART IV, LN 57	33,148,754.	10,470,308.	22,678,446.

FORM 990	OTHER ASSETS	STATEMENT 14
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DESCRIPTION	AMOUNT
CONSTRUCTION IN PROGRESS	175,570.
RECEIVABLE FROM AFFILIATES	6,300,114.
ESCROW DEPOSITS	275,000.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	6,750,684.

FORM 990	OTHER LIABILITIES	STATEMENT 15
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DESCRIPTION	AMOUNT
TENANTS DEPOSITS AND MISCELLANEOUS PAYABLE TO AFFILIATES	189,734. 46,546.
ACCRUED INTEREST PAYABLE	6,816,499.
LINE OF CREDIT	990,264.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	8,043,043.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 16
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CHRIS GOUIG 201 EDDY STREET SAN FRANCISCO, CA 94102	PRESIDENT 5.00	0.	0.	0.
TANGERINE BRIGHAM 201 EDDY STREET SAN FRANCISCO, CA 94102	VICE PRESIDENT 3.00	0.	0.	0.
MIYE GOISHI 201 EDDY STREET SAN FRANCISCO, CA 94102	SECRETARY 3.00	0.	0.	0.
EILEEN GALLAGHER 201 EDDY STREET SAN FRANCISCO, CA 94102	TREASURER 3.00	0.	0.	0.
KEN ODELL 201 EDDY STREET SAN FRANCISCO, CA 94102	CHIEF LEGAL OFFICER 3.00	0.	0.	0.
TOM SEBECO 201 EDDY STREET SAN FRANCISCO, CA 94102	DIRECTOR 3.00	0.	0.	0.
JOHN BURKITT 201 EDDY STREET SAN FRANCISCO, CA 94102	DIRECTOR 3.00	0.	0.	0.
LOREN SANBORN 201 EDDY STREET SAN FRANCISCO, CA 94102	DIRECTOR 3.00	0.	0.	0.
JOHN ROGERS 201 EDDY STREET SAN FRANCISCO, CA 94102	DIRECTOR 3.00	0.	0.	0.
DONNA LISA STEWART 201 EDDY STREET SAN FRANCISCO, CA 94102	DIRECTOR 2.00	0.	0.	0.
NOREEN BEIRO 201 EDDY STREET SAN FRANCISCO, CA 94102	DIRECTOR 2.00	0.	0.	0.

PATRICIA THEOPHILOS 201 EDDY STREET SAN FRANCISCO, CA 94102	DIRECTOR 2.00	0.	0.	0.
KORIN CROWFORD 201 EDDY STREET SAN FRANCISCO, CA 94102	DIRECTOR 2.00	0.	0.	0.
CHARLIE CASEY 201 EDDY STREET SAN FRANCISCO, CA 94102	DIRECTOR 2.00	0.	0.	0.
DAVE KROOT 201 EDDY STREET SAN FRANCISCO, CA 94102	DIRECTOR 2.00	0.	0.	0.
CONNIE MOY 201 EDDY STREET SAN FRANCISCO, CA 94102	DIRECTOR 2.00	0.	0.	0.
APRIL WRIGHT 201 EDDY STREET SAN FRANCISCO, CA 94102	DIRECTOR 2.00	0.	0.	0.
JANE HATCH 201 EDDY STREET SAN FRANCISCO, CA 94102	DIRECTOR 2.00	0.	0.	0.
DONALD FALK 201 EDDY STREET SAN FRANCISCO, CA 94102	EXECUTIVE DIRECTOR 40.00	118,827.	28,452.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>118,827.</u>	<u>28,452.</u>	<u>0.</u>

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 17
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
AMBASSADOR SRO, INC.	X	
EDDY STREET, INC.	X	
ELLIS STREET, INC.	X	
MCALLISTER STREET, INC.	X	
TAYLOR FAMILY HOUSING, INC.	X	
TURK STREET, INC.	X	
WEST HOTEL SRO, INC.	X	
MID-MARKET DEVELOPMENT CORPORATION		X
HOWARD STREET DEVELOPMENT CORPORATION	X	
TNDC SUPPORTING FUND	X	

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

ALEXANDER GP LLC

ADDRESS

201 EDDY STREET, SAN FRANCISCO, CA 94102

<u>EMPLOYER ID NUMBER</u>	<u>PERCENT OWNED</u>	<u>NATURE OF ACTIVITIES</u>	<u>TOTAL INCOME</u>	<u>END-OF-YEAR ASSETS</u>
94-2761808	100.00%	LOW INCOME HOUSING RENTAL	-800.	0.

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

MARIA GP LLC

ADDRESS

201 EDDY STREET, SAN FRANCISCO, CA 94102

<u>EMPLOYER ID NUMBER</u>	<u>PERCENT OWNED</u>	<u>NATURE OF ACTIVITIES</u>	<u>TOTAL INCOME</u>	<u>END-OF-YEAR ASSETS</u>
94-2761808	100.00%	LOW INCOME HOUSING RENTAL	-800.	0.

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

CHP EDDY LLC

ADDRESS

201 EDDY STREET, SAN FRANCISCO, CA 94102

<u>EMPLOYER ID NUMBER</u>	<u>PERCENT OWNED</u>	<u>NATURE OF ACTIVITIES</u>	<u>TOTAL INCOME</u>	<u>END-OF-YEAR ASSETS</u>
36-4576952	50.00%	LOW INCOME HOUSING RENTAL	-10,882.	1,079,006.

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

POLK SENIOR HOUSING LLC

ADDRESS

201 EDDY STREET, SAN FRANCISCO, CA 94102

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
56-2568850	50.00%	LOW INCOME HOUSING RENTAL	199.	1,200.

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

CHP ARENDT LLC

ADDRESS

201 EDDY STREET, SAN FRANCISCO, CA 94102

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
71-1007205	50.00%	LOW INCOME HOUSING RENTAL	-800.	50,000.

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

1166 HOWARD ST. COMMERCIAL, LLC

ADDRESS

26 O'FARRELL ST, 6TH FLOOR, SAN FRANCISCO, CA 94108

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
94-3402324	50.00%	OWNS/MANAGES COMMERCIAL CONDOMINIUM	87,417.	1,855,796.

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 19

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93 - 103	TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION, DIRECTLY AND THROUGH PARTNERSHIPS, PURCHASES, REHABILITATES, AND MANAGES BUILDINGS IN THE TENDERLOIN NEIGHBORHOOD OF SAN FRANCISCO, CALIFORNIA. THE ORGANIZATION PROVIDES LOW INCOME HOUSING RENTAL AND ALSO DEVELOPS AND RENTS COMMERCIAL SPACES IN FURTHERANCE OF ITS EXEMPT PURPOSE TO PROVIDE AFFORDABLE HOUSING TO LOW AND MODERATE INCOME PERSONS AND TO PROMOTE ECONOMIC DEVELOPMENT AND REVITALIZATION OF THE TENDERLOIN NEIGHBORHOOD IN SAN FRANCISCO, CALIFORNIA.

FORM 990	DESCRIPTION OF TRANSFER PART XI, LINE 106	STATEMENT 20
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NAME OF CONTROLLED ENTITY	EMPLOYER ID
TNDC SUPPORTING FUND	20-8016199

DESCRIPTION OF TRANSFER

CONTRIBUTION TO TNDC SUPPORTING FUND, A NEWLY ESTABLISHED 509(A)(3) ORGANIZATION.

SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS PART III, LINE 3A	STATEMENT 21
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THE TNDC-TASP EDUCATIONAL GRANT PROGRAM WAS ESTABLISHED TO ASSIST ELIGIBLE TASP PARTICIPANTS IN THEIR PURSUIT OF OVERCOMING ONE OF THE MOST PREVALENT CHALLENGES ASSOCIATED WITH ATTENDING COLLEGES, UNIVERSITIES OR VOCATIONAL TRAINING PROGRAMS. SEE ADDITIONAL EXPLANATION ON STATEMENT 24.

SCHEDULE A	OTHER INCOME	STATEMENT 22
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DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
OTHER INCOME	886,430.	636,462.	566,251.	515,016.
TOTAL TO SCHEDULE A, LINE 22	886,430.	636,462.	566,251.	515,016.

SCHEDULE A	GENERAL EXPLANATION FORM AND LINE REFERENCES	STATEMENT 23
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FORM/LINE IDENTIFIER	DESCRIPTION/RETURN REFERENCE
SCHEDULE A, PART III, LINE 3A	SCHOLARSHIP PROGRAM GUIDELINES

SCHEDULE A	GENERAL EXPLANATION	STATEMENT 24
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TNDC-TASP EDUCATIONAL GRANT PROGRAM GUIDELINES:

THE TNDC-TASP EDUCATIONAL GRANT PROGRAM WAS ESTABLISHED TO ASSIST ELIGIBLE TASP PARTICIPANTS IN THEIR PURSUIT OF OVERCOMING ONE OF THE MOST PREVALENT CHALLENGES ASSOCIATED WITH ATTENDING COLLEGES, UNIVERSITIES OR VOCATIONAL TRAINING PROGRAMS.

THE FINANCIAL COST ASSOCIATED WITH ATTENDING AND CONTINUING TO ATTEND COLLEGE OR VOCATIONAL PROGRAMS CAN BE A HUGE BARRIER, ONE THAT OFTEN PROHIBITS TALENTED STUDENTS FROM REALIZING THEIR EDUCATIONAL AND VOCATIONAL GOALS AND CAN LIMIT THEIR POTENTIAL AS MEMBERS OF SOCIETY.

THE TNDC-TASP EDUCATIONAL GRANT PROGRAM WILL ASSIST WITH THE UNMET FINANCIAL NEED OF TASP PARTICIPANTS.

ELIGIBILITY REQUIREMENTS

1. CURRENTLY ENROLLED IN TASP
2. ACTIVE TASP PARTICIPANT FOR 1 YEAR PRIOR TO ADMISSION TO COLLEGE, UNIVERSITY, OR VOCATIONAL PROGRAM

EXAMPLES OF PARTICIPATION IN TASP PROGRAMMING

1. PARTICIPATION ON 1 TASP COLLEGE TOUR
2. CURRENT/FORMER PARTICIPATION IN TEEN NIGHT ACTIVITIES

REQUIRED DOCUMENTATION

1. EVIDENCE OF HIGH SCHOOL DIPLOMA OR G.E.D. OR PROJECTED COMPLETION DATE WHEN APPLICABLE.
2. EVIDENCE OF ENROLLMENT IN A COLLEGE, UNIVERSITY OR VOCATIONAL PROGRAM PRIOR TO DISTRIBUTION OF FUNDS TO RELATED INSTITUTION OR GRANT RECIPIENT.
3. COPY OF COLLEGE, UNIVERSITY OR VOCATIONAL PROGRAM TUITION, FEES, ROOM/BOARD AND RELATED EXPENSES FOR CURRENT ACADEMIC YEAR.
4. COPY OF FINANCIAL AID AWARD, IF APPLICABLE
5. APPLICANTS MUST PROVIDE EVIDENCE OF APPLYING TO OTHER EDUCATIONAL GRANT PROGRAMS, IF APPLICABLE.
6. AWARD RECIPIENTS MAY BE REQUIRED TO SUBMIT RECEIPTS OF EXPENSES TO TNDC.

BELOW IS A SAMPLE LIST OF ELIGIBLE EXPENSES:

1. TUITION,
2. ROOM/BOARD
3. SCHOOL FEES
4. BOOKS
5. OTHER SCHOOL-RELATED EXPENSES

PLEASE NOTE: ALL APPLICATIONS ARE REVIEWED BY: TASP PROGRAM DIRECTOR, THE PROGRAM MANAGER, THE CHIEF OPERATING OFFICER, AND TWO NON-TNDC EMPLOYEES.