Forn	⊸ 990-T	E	xempt Orga	nization Bu	sine	ss Income	Tax Returi	n	OMB No 1545-0047
	-		-	nd proxy tax un	der se	ection 6033(e))	19	17	2019
		For cal	endar year 2019 or other tax ye	ear beginning r irs gov/Form990T for	inetructi	, and ending	mation		2015
	artment of the Treasury nal Revenue Service	<b>&gt;</b>	Do not enter SSN numbe	ers on this form as it ma	ay be ma	ide public if your organ			Open to Public Inspection for 501(c)(3) Organizations Only
ΑL	Check box if address changed		Name of organization (		-			Emp	loyer identification number ployees' trust, see uctions )
R f	Exempt under section	Print	TENDERLOIN CORPORATION		ע עט	EAETO SWENT		1	4-2761808
_	501(c)(3 <b>0</b> 3	or	Number, street, and room		ox. see II	nstructions.	<del></del>	E Unrei	lated business activity code
20Z0	408(e) 220(e)	Туре	201 EDDY ST			_		(See	instructions)
မ 🗀	408A 530(a)		City or town, state or pro			n postal code	·· · · ·		
<b>-</b> ∟	529(a) ook value of all assets	<u> </u>	SAN FRANCIS	CO, CA 94	102			531	.110
	79.074.2	27.	F Group exemption num G Check organization typ tion's unrelated trades or l E STATEMENT ce at the end of the previo -V. oration a subsidiary in an	e X 501(c) co	rnoration	501(c) trust	401(a	) trust	Other trust
<u>世 H Ei</u>	nter the number of the	organiza	tion's unrelated trades or	businesses.	1	Describ	e the only (or first) ur		
ալ∐ա	ade or business here 🕽	► SI	EE STATEMENT	1		. If only one	e, complete Parts I-V.		
일주 대	escribe the first in the b	lank spa	ce at the end of the previo	us sentence, complete F	Parts I ar	nd II, complete a Schedu	ile M for each additioi	nal trad	e or
ŽŽ <u>bi</u>	usiness, then complete	Parts III	-V.			4		1,7	[v]
<b>m S</b> i 1	"Yes." enter the name a	ine corp ind ident	oration a substitiary in all lifying number of the parer	arimated group of a part at cornoration.	em-subs	idiary controlled group	<b>∕</b> ► l	Y	es X No
			THE ORGANIZA	•		Telep	hone number 🕨 4	15-	776-2151
Pa	unrelate	d Trac	de or Business Inc	ome		(A) Income	(B) Expense	s	(C) Net
တ <sup>1a</sup>	Gross receipts or sale								
$\hat{G}_2^{\mathtt{b}}$			A I 7\	c Balance	1c				
$\mathbf{Z}_{3}^{2}$	Cost of goods sold (S Gross profit. Subtract		· ·		3				
₩ 1114a	Capital gain net incon				4a		† – – – –		-
			art II, line 17) (attach Form	ո 4797)	4b				
MAY 5	Capital loss deduction				4c				
			thip or an S corporation (a	ttach statement)	5			_	
<b>№</b> 6	Rent income (Schedu Unrelated debt-finance		ne (Schedule E)		7		<del> </del>		<u> </u>
N 8			nd rents from a controlled	organization (Schedule F)	_		<del></del>		
021			n 501(c)(7), (9), or (17) o	•	_				
10	Exploited exempt acti			/	10				
11	Advertising income (S		•		11		-		
12 13	Other income (See in: Total. Combine lines		•		12	0	<del> </del>		<u> </u>
			ot Taken Elsewhe	(See instructions i					<u></u>
	(Deductions	must b	e directly connected w	ith the uprelated bus	mess in	ncome)	,		
<b>→</b> 14	Compensation of off	icers, dii	rectors, and trustees (Sch	edule K)	( )	12		14	
<b>O</b> 15	Salaries and wages			NOV 2 3 2	020	RS-0		15	
X 16	Repairs and mainten Bad debts	ance		S NOV 2 3 2				16	
	Interest (attach sche	dule) (se	ee anstructions)	OGDEN,	UT			18	
Received In Batching Ogden 72 12 02 15 15 15 15 15 15 15 15 15 15 15 15 15	Taxes and licenses		/	OGDET!				19	
<u>8</u> 0 20 20 20 20 20 20 20 20 20 20 20 20 20	Depreciation (attach	,				20			
9등 21	· · · · · · · · · · · · · · · · · · ·	aurhed or	Schedule A and elsewher	e on return		21a		21b	
₩ 22	Depletion		managation along					22	
$\bigoplus_{24}^{23}$	Contributions to defe Employee begefit pro		mpensation plans					23	
25	Excess exempt expe	-	chedule I)					25	
26	Excess readership co		•					26	
27	Other deductions (at							27	
28	Total deductions A		<del>-</del>	- 1 4- 4 - 4		0.600		28	0.
29 30	/		ncome before net operating	<del>-</del>				29	0.
30	(see instructions)	cialiiy l	oss arising in tax years be	ymming on or after Janu	ary 1, 2l	טו כ		30	0.
<u>31</u>		axable ır	ncome. Subtract line 30 fro	om line 29				31	0.
9237			work Reduction Act Notice						Form <b>990-T</b> (2019)

	o-т/po19)TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORA	ATION	<u>94</u> -	-2761808 Page 2
Part	Total Unrelated Business Taxable Income			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instruc	ctions)	32	0.
33	Amounts paid for disallowed fringes	33		
34	Charitable contributions (see instructions for limitation rules)	34	0.	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from	n the sum of lines 32 and 33	35	···
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	_	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	8	38	1,000.
39	Unrelated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,	~		
	enter the smaller of zero or line 37		39	0.
Part	Tax Computation	<u>.</u>	`	
	Organizations Taxable as Corporations Multiply line 39 by 21% (0 21)		<b>40</b>	0.
41	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 3	-		
	Tax rate schedule or Schedule D (Form 1041)	<b>.</b>	41	
42	Proxy tax See instructions		42	
43	Alternative minimum tax (trusts only)		43	
. 44	Tax on Noncompliant Facility Income. See instructions		44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45	0.
	Tax and Payments		1 40	
	Foreign and credit (corporations attach Form 1118; trusts attach Form 1116) 46a			
	Other credits (see instructions)	<del></del>		
	M/M 1	<del>-</del>	<b>-{66</b> }	
	Credit for prior year minimum tax (attach Form 8801 or 8827)  46d	+		
	<del></del>		460	
	Total credits Add lines 46a through 46d		46e	0.
47	Subtract line 46e from line 45		47	U •
48	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Form 8866	Other (attach schedule		
49	Total tax Add lines 47 and 48 (see instructions)		49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	1 2 602	50	0.
	Payments: A 2018 overpayment credited to 2019			
	2019 estimated tax payments			
	Tax deposited with Form 8868	<del></del>		
	Foreign organizations: Tax paid or withheld at source (see instructions)  51d	<del></del>		
	Backup withholding (see instructions) 51e			
	Credit for small employer health insurance premiums (attach Form 8941)  51f			
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total ▶ <b>51g</b>			
	Total payments. Add lines 51a through 51g		52	17,583.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached		53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	16	54	
55	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	10 ▶	<b>5</b> 5	17,583.
	Enter the amount of line 55 you want Credited to 2020 estimated tax	Refunded //	<b>-</b>   56	17,583.
(Part	Statements Regarding Certain Activities and Other Information (s	ee instructions)		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other	authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may ha	ve to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign of	country		
	here <b>&gt;</b>			X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor	to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.			
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme correct, and complete Peclaration of preparer (other than taxpayer) is based on all information of which preparer has a	ents, and to the best of my k	nowledge and	d belief, it is true,
Sign`	Nicht ///	any knowledge	Mar His IDC	4
Here	il/16/20 INTERIM CH	FO	-	discuss this return with shown below (see
	Signature of officer Date Title			7 X Yes No
	Print/Type preparer's name Preparer's signature Date	, Check	ıf PTIN	
D-:-		self- employe		
Paid		יייין וענאר		00604756
•	TANDOUTCE VON WIGHN C TOYOF ITD	Firm's EIN		1-1250261
Use	Only 301 HOWARD STREET, SUITE 850	THIT 3 LIN I		
	Firm's address SAN FRANCISCO, CA 94105	Phone no.	(415)	957-9999
923711	01-27-20	1	<u>, /</u>	Form <b>990-T</b> (2019)
				- 1 Juliu 200 1 (2019)

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## TENDERLOIN NEIGHBORHOOD DEVELOPMENT

Form 990-T (2019) CORPORATION

L.

94-2761808

Page 3

Schedule A - Cost of Goods Sold. Enter	method of inven	tory valuation N/A			
1 Inventory at beginning of year 1	6 Inventory at end of year				6
2 Purchases 2		7 Cost of goods sold Si	ne 6		
3 Cost of labor 3		from line 5. Enter here	and in Pa	art I,	
4a Additional section 263A costs		line 2		[	7
(attach schedule) 4a		8 Do the rules of section	263A (w	ıth respect to	Yes No
b Other costs (attach schedule) 4b		property produced or a	acquired :	for resale) apply to	
5 Total Add lines 1 through 4b 5		the organization?			
Schedule C - Rent Income (From Real (see instructions)	Property and	d Personal Property	Lease	d With Real Prop	erty)
1. Description of property					
(1)					
(2)	- 1				
(3)				<u>-</u> .	
(4)					
	ed or accrued		-	2/a)Daduations directly o	connected with the income in
<ul> <li>(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)</li> </ul>	of rent for p	and personal property (if the percent ersonal property exceeds 50% or if it is based on profit or income)	age		2(b) (attach schedule)
(1)					
(2)			1		
(3)					
(4)		- <del></del>			
Total 0.	Total		0.	· · · · · · · · · · · · · · · · · · ·	
(c) Total income Add totals of columns 2(a) and 2(b). Enhere and on page 1, Part I, line 6, column (A)	iter -		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	• 0.
Schedule E - Unrelated Debt-Financed	Income (see	instructions)			
	•	<u> </u>		3 Deductions directly conne	ected with or allocable
		2 Gross income from or allocable to debt-	(2)	to debt-finance	
Description of debt-financed property		financed property	(4)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			<del> </del>		
(2)			1	<del>- · · · · · · · · · · · · · · · ·</del>	<del></del>
(3)					
(4)					
4 Amount of average acquisition 5. Average debt on or allocable to debt-financed property (attach schedule) debt-fina	e adjusted basis allocable to unced property h schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%	1		
(2)		%	1		
(3)		%			
(4)		%			
<u> </u>				ter here and on page 1, urt I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals		•		0.	0.
Total dividends-received deductions included in column	18			<b></b>	0.

TENDERLOIN NEIGHBORHOOD DEVELOPMENT Form 990-T (2019) CORPORATION 94-2761808 Page 4 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) Exempt Controlled Organizations 2 Employer identification 6. Deductions directly 1 Name of controlled organization 3 Net unrelated income 4. Total of specified 5 Part of column 4 that is (loss) (see instructions) included in the controlling organization's gross income connected with income number (1) (2) (3) (4)Nonexempt Controlled Organizations Taxable income 10. Part of column 9 that is included in the controlling organization's gross income Net unrelated income (loss) Total of specified payments Deductions directly connected (see instructions) (1) (2) (3) (4) Add columns 5 and 10 Add columns 6 and 11 Enter here and on page 1, Part I, Enter here and on page 1, Part I, line 8, column (A) line 8, column (B) 0. 0 Totals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 5. Total deductions 4 Set-asides 1 Description of income 2 Amount of income directly connected and set-asides (attach schedule) (attach schedule) (col 3 plus col 4) (1) (2)(3) (4) Enter here and on page Enter here and on page 1, Part I line 9 column (A) Part I line 9. column (B) 0. 0 **Totals** Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net income (loss) from unrelated trade or 3 Expenses 7 Excess exempt 2 Gross Gross income directly connected with production 6 Expenses expenses (column 1 Description of exploited activity unrelated business business (column 2 from activity that attributable to 6 minus column 5, income from minus column 3) If a is not unrelated of unrelated column 5 but not more than trade or business gain, compute cols 5 through 7 business income column 4) (1) (2)(3) (4) Enter here and on Enter here and

## Schedule J - Advertising Income (see instructions)

## Part I Income From Periodicals Reported on a Consolidated Basis

page 1, Part I.

line 10, col (B)

0

page 1. Part I

10, col (A)

1 Name of periodical	2. Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			. ,			
(2)						3
(3)			4			] - 4 1
(4)			`			us a
otals (carry to Part II, line (5))	0.	0.				0

on page 1, Part II, line 25

0.

**Totals** 

Part II	ncome From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill	ın
	olumns 2 through 7 on a line-by-line basis )	

1 Name of periodical		2 Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							* , .,,
(2)							
(3)							, <del></del>
(4)							
Totals from Part I		0.	0.			•	0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	▶	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2. Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14	-	<b>•</b>	0.

Form 990-T (2019)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

QUALIFIED TRANSPORTATION FRINGE BENEFITS

TO FORM 990-T, PAGE 1