	***** THIS IS NOT A FILEABLE COPY ***** IRS e-file Signature Authorization for an Exempt Organization		OMB No. 1545-1878
Form 8879-EO	for an Exempt Organization		
	For calendar year 2017, or fiscal year beginning JUL 1 , 2017, and ending JUN 30 ,	2018	0047
	► Do not send to the IRS. Keep for your records.	<u> </u>	2017
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form8879EO for the latest information.		
Name of exempt organization		Employer	identification number
	MARKET COMMUNITY BENEFIT	,,	
DISTRICT, INC		20-3	417247
Name and title of officer	•	100	
ANDREA AIELLO			
EXECUTIVE DIR			
Part I Type of I	Return and Return Information (Whole Dollars Only)		
on line <b>1a, 2a, 3a, 4a,</b> or <b>5</b>	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, fro <b>a</b> , below, and the amount on that line for the return being filed with this form was blank, t ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable	hen leave l line below	ine <b>1b, 2b, 3b, 4b,</b> or <b>5b,</b> . <b>Do not</b> complete more
1a Form 990 check here	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	940,307.
2a Form 990-EZ check he	······································		
3a Form 1120-POL check			
4a Form 990-PF check he			
5a Form 8868 check here	<b>b</b> Balance Due (Form 8868, line 3c)	5b	
Part II Declarat	ion and Signature Authorization of Officer		
electronic return and acco further declare that the am intermediate service provid (a) an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial ins 1-888-353-4537 no later th processing of the electronic payment. I have selected a	I declare that I am an officer of the above organization and that I have examined a copy of mpanying schedules and statements and to the best of my knowledge and belief, they ar ount in Part I above is the amount shown on the copy of the organization's electronic ret der, transmitter, or electronic return originator (ERO) to send the organization's return to the f receipt or reason for rejection of the transmission, <b>(b)</b> the reason for any delay in proce pplicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an e institution account indicated in the tax preparation software for payment of the organization's return to the 2 business days prior to the payment (settlement) date. I also authorize the financial in c payment of taxes to receive confidential information necessary to answer inquiries and a personal identification number (PIN) as my signature for the organization's electronic ret electronic funds withdrawal.	e true, corr urn. I conse ne IRS and ssing the re lectronic fu tion's feder Treasury Fi stitutions i resolve iss	ect, and complete. I ent to allow my to receive from the IRS eturn or refund, and <b>(c)</b> inds withdrawal (direct ral taxes owed on this nancial Agent at nvolved in the ues related to the
Officer's PIN: check one	box only		
X I authorize RI	NA ACCOUNTANCY CORPORATION	to enter m	y PIN 12345
	ERO firm name		Enter five numbers, but do not enter all zeros
is being filed wit	on the organization's tax year 2017 electronically filed return. If I have indicated within th h a state agency(ies) regulating charities as part of the IRS Fed/State program, I also auth the return's disclosure consent screen.		
indicated within program, I will ei	he organization, I will enter my PIN as my signature on the organization's tax year 2017 e this return that a copy of the return is being filed with a state agency(ies) regulating chari- nter my PIN on the return's disclosure consent screen.		
Officer's signature 🕨 🔭	*** THIS IS NOT A FILEABLE COPY *** Date		
Part III Certifica	tion and Authentication		

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

94062676247	
Do not enter all zeros	

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature 🕨	RINA	ACCOUNTANCY	CORPORATION	

Date 
04/02/19

Form 8879-EO (2017)

#### ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA **For Paperwork Reduction Act Notice, see instructions.** 723051 10-11-17

09270402 152511 0660915

2017.05050 CASTRO UPPER MARKET COMMU 06609151

	_	Return of Organization Exempt F	From I	ncome Tax	OMB No. 1545-0047
Forn	n g	<b>90</b> Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			s) <b>2017</b>
		Do not enter social security numbers on this form :	-		Open to Public
		enue Service Go to www.irs.gov/Form990 for instructions and	-		Inspection
ΑF	or th			JUN 30, 2018	
	heck if	C Name of organization		D Employer identific	ation number
a	oplicab	CASTRO UPPER MARKET COMMUNITY BENEFIT			
	Addre]	DISTRICT, INC.			
	Name Chang	pe Doing business as		20-34	17247
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final	U	336	415-5	500-1181
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	940,307.
	Amen return	SAN FRANCISCO, CA 94114		H(a) Is this a group re	
	Applie tion	F Name and address of principal officer: ANDREA ALELLO		for subordinates?	? Yes X No
	pendi	584 CASTRO STREET, SUITE 336, SAN FRANC	<u>ISCO,</u>	H(b) Are all subordinates ind	cluded? Yes No
		xempt status: 🗴 501(c)(3) 🗌 501(c) ( )◀ (insert no.) 🦳 4947(a)(1) c	or 527	If "No," attach a l	ist. (see instructions)
		te: WWW.CASTROCBD.ORG		H(c) Group exemption	
		f organization: X Corporation Trust Association Other >	L Year	of formation: 2005 M	State of legal domicile: CA
Ра	rt I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: <b>PROMO</b>			CONOMIC
Activities & Governance		VITALITY AND FOSTER THE CASTRO'S UNIQUE D			
ern		Check this box  Image: the organization discontinued its operations or disposed in the organization discontinued its operations or disposed in the organization discontinued its operations.	sed of more	I I	
Š					10
ن ھ	4	Number of independent voting members of the governing body (Part VI, line 1b)			10
ies	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a) Total number of volunteers (estimate if necessary)			<u>3</u> 25
ivit	6	0.			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	a	Net unrelated business taxable income from Form 990-T, line 34		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		332,506.	<u>427,963.</u>
Ine	9			508,439.	512,221.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		99.	123.
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		841,044.	940,307.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		176,133.	198,348.
		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expense		Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		598,953.	864,120.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		775,086.	1,062,468.
		Revenue less expenses. Subtract line 18 from line 12		65,958.	-122,161.
or			В	eginning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)		794,061.	687,883.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		52,106.	68,089.
		Net assets or fund balances. Subtract line 21 from line 20		741,955.	619,794.
	rt II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	r has any knowledge.	
_		Signature of officer		Date	

Sign	Signature of officer		Dale
Here	ANDREA AIELLO, EXECUTIV	VE DIR.	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	EDWARD FAHEY	EDWARD FAHEY	04/02/19 self-employed P00194561
Preparer	Firm's name <b>FINA ACCOUNTANCY</b>	CORPORATION	Firm's EIN ▶ 94-3158857
Use Only	Firm's address 150 POST STREET,	SUITE 200	
	SAN FRANCISCO, C	A 94108	Phone no. (415) 777-4488
May the II	RS discuss this return with the preparer shown abo	ve? (see instructions)	X Yes No

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

Dar	990 (2017) DISTRICT, INC. 20-3417247 Page t III Statement of Program Service Accomplishments
Fai	
1	Check if Schedule O contains a response or note to any line in this Part III X Briefly describe the organization's mission:
'	PROVIDES SERVICES THAT IMPROVE THE QUALITY OF LIFE IN THE
	NEIGHBORHOOD, EMPHASIZING CLEAN, SAFE, BEAUTIFUL STREETS. IT ALSO
	PROMOTES THE AREA'S ECONOMIC VITALITY, FOSTERS THE CASTRO'S UNIQUE
	DISTRICT IDENTITY, AND HONORS ITS DIVERSE HISTORY.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
-	If "Yes," describe these changes on Schedule O.
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 \$ 510,714. including grants of \$) (Revenue \$ 501,197.
	A. PUBLIC RIGHTS OF WAY AND SIDEWALK OPERATIONS (PROWSO):
	1. CLEAN TEAM SWEEPING SIDEWALKS AND GUTTERS OF EVERY PARCEL IN THE
	DISTRICT 365 DAYS A YEAR. CLEAN TEAM ALSO REMOVES GRAFFITI, UNDER 9
	FEET HIGH, WITHIN 48 HOURS OF BEING NOTIFIED OF THE GRAFFITI ON PUBLIC
	PROPERTY AND PRIVATE PROPERTY WITHIN THE DISTRICT BOUNDARIES. OPERATE A
	CLEANING DISPATCH TELEPHONE NUMBER AVAILABLE FOR RESIDENTS &
	MERCHANTS/PROPERTY OWNERS TO CALL IN CLEANING CONCERNS/GRAFFITI.
	2. STEAM CLEAN SIDEWALKS A MINIMUM OF FOUR TIMES A YEAR. SPOT STEAM
	CLEAN URGENT ISSUES. STEAM CLEANS HARVEY MILK PLAZA AND JANE WARNER
	PLAZA 6-8 TIMES A YEAR.
4c	1.SPONSORED, LIVE! IN THE CASTRO, A PROGRAM WHICH BRINGS LIVE PERFORMANCES TO THE CASTRO EVERY WEEKEND BETWEEN MAY - OCTOBER. 2.CONTINUED PLAZA STEWARD PROGRAM IN JANE WARNER PLAZA TO ENSURE THE JANE WARNER PLAZA REMAINS INVITING TO ALL. PLAZA STEWARDS WORK 56 HOURS A WEEK. 3.SELECTED LED PUBLIC ART FOR THE JANE WARNER PLAZA, INSTALLED IN 2017. 4.MAINTAIN LANDSCAPING IN JANE WARNER AND HARVEY MILK PLAZAS. 5.CONTINUE TO MAINTAIN LED CELEBRATORY LIGHTS (40) ON CASTRO ST. 6. EVALUATE REQUESTS FOR CONDITIONAL USE AUTHORIZATION, AND TAKE POSITIONS ON THOSE REQUESTS WHICH FALL WITHIN THE FOOTPRINT OF THE (Code:)(Expenses 2 218,487. including grants of \$) (Revenue \$) C. HARVEY MILK PLAZA REDESIGN FISCAL AGENT FOR THE FRIENDS OF HARVEY MILK PLAZA A LOCAL GROUP OF COMMUNITY MEMBERS WHO'S MISSION IS TO REDESIGN AND REBUILD HARVEY MILK PLAZA SO THAT IT TRULY HONORS HARVEY MILK AND INSPIRES GENERATIONS OF VISITORS ABOUT HARVEY MILK AND HIS MESSAGE OF INCLUSION, EQUALITY AND SOCIAL JUSTICE.
	Other program services (Describe in Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )         Total program service expenses ▶ 991, 565.
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )

Form	990 (2017) DISTRICT, INC. 20-3417	247	Р	age <b>3</b>
Pa	t 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
Ū	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			- 23
'		7		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		- 22
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete			x
•	Schedule D, Part III	8		
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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		X
С	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? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		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			<u> </u>
10		15		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
16		16		x
47	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			- v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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? If "Yes," complete Schedule G, Part II	18		X X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		X

Form 990 (2017)

732003 11-28-17

Form	990 (2017) DISTRICT, INC. 20-341	7247	P	<sub>age</sub> 4
Pa	TIV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	. 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		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	23		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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
с	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		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	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 "Yes,"			
	complete Schedule L, Part II	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	. 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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	. <b>28</b> a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	. 28b		X
С	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	_ <b>28c</b>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 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	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	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	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	. 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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35b		
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	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	. 37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
	Note. All Form 990 filers are required to complete Schedule O		Х	l
		-	agn /	(0047)

732004 11-28-17

Form **990** (2017)

CASTRO	UPPER	MARKET	COMMUNITY	BENEFIT
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Form	990 (2017) DISTRICT, INC.		20-3417	247	Р	age <b>5</b>
Pa	t 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	1a	13			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eportab	ole gaming			
	(gambling) winnings to prize winners?			1c	Х	
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	2a	3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ms?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	Ο		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accoun	t)?	4a		X
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a		X
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the	9			
				8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	Ι.				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		I			
а	Gross income from members or shareholders	<u>11a</u>				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				-	
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1				
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				37
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul	le O		14b		

Form **990** (2017)

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Form 990 (		20-3417247	Page <b>6</b>
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 throug	gh 7b below, and for a "No" rest	oonse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See		
	Check if Schedule O contains a response or note to any line in this Part VI		Χ
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	1a	10			
	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.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10			
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?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		X
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
а	a The governing body?					
b	b Each committee with authority to act on behalf of the governing body?					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	it the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?					
11a					Х	
b						
12a				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," a	lescribe			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45	v	
	The organization's CEO, Executive Director, or top management official			15a	X X	
b	Other officers or key employees of the organization			15b	Δ	
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen taxable optitu during the year?			160		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			16a		
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluat	-				
				16b		
Sec	exempt status with respect to such arrangements?					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ CA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Secti	on $501(c)(3)$ s only) av	ailable	2	
10	for public inspection. Indicate how you made these available. Check all that apply.	(0000		anubic	,	
	X       Own website       Another's website       X       Upon request       Other (explain)	in Sc	hedule ()			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor		,	financ	ial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks an	d records: 🕨			
	ANDREA AIELLO - (415) 500-1181		F			
	584 CASTRO STREET, SAN FRANCISCO, CA 94114					
732006	) 11-28-17			Form	990	(2017)
	6					. /

2017.05050 CASTRO UPPER MARKET COMMU 06609151

	CASTRO UPPER MARKET COMMUNITY BENEFIT										
Form 990 (20	DISTRICT, INC.	20-3417247	Page 7								
Part VII	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
E	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	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."

(D)

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report-able 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.

 $\langle \mathbf{c} \rangle$ 

**(D)** 

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

(A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average	(do		Pos		۱ than d	one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pei	rson i	s both pr/trus	n an	compensation	compensation	amount of	
	week				Tecic	i/irus	lee)	from	from related	other	
	(list any	recto						the	organizations	compensation	
	hours for	e or di	ee			sated		organization	(W-2/1099-MISC)	from the	
	related organizations	ustee	trust		66	bens		(W-2/1099-MISC)		organization and related	
	below	lual tr	tional	Ι.	nploy	st con	L			organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo	
(1) DORIAN JAMAL CAMPELL COOL	2.00	_	-		-	1-0					
PRESIDENT OF BOARD OF DIRECTORS		Х		X				0.	Ο.	0.	
(2) ALAN LAU	2.00										
VICE PRESIDENT BOARD OF DIRECTORS		Х		X				0.	Ο.	0.	
(3) JAMES LAUFENBERG	2.00										
SECRETARY BOARD OF DIRECTORS		Х		Х				0.	0.	0.	
(4) JUSTINE SHOEMAKER	2.00										
BOARD OF DIRECTORS		Х						0.	0.	0.	
(5) HELEN MCCLURE	2.00										
BOARD OF DIRECTORS		Х						0.	0.	0.	
(6) PATRICK SAHAGUN	2.00										
BOARD OF DIRECTORS		Х						0.	0.	0.	
(7) CRISPIN HOLLINGS	2.00										
BOARD OF DIRECTORS		Х						0.	0.	0.	
(8) PETER LASKA	2.00										
BOARD OF DIRECTORS		Х						0.	0.	0.	
(9) HUBERT BAN	2.00										
BOARD OF DIRECTORS		Х						0.	0.	0.	
(10) MICHAEL LANGLEY	2.00										
BOARD OF DIRECTORS		Х						0.	0.	0.	
(11) ANDREA AIELLO	40.00							00.011	•	•	
EXECUTIVE DIRECCTOR				X				93,211.	0.	0.	
					<u> </u>						
		1									
	<u> </u>										
732007 11-28-17	<u> </u>	I								Form <b>990</b> (2017)	

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Form 990 (2017)

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2017.05050 CASTRO UPPER MARKET COMMU 06609151

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		RKE	т	CO	MM	UN	IJ	TY BENEFIT	20 24	1771	7	- <b>9</b>
Form 990 (2017) DISTRICT Part VII Section A. Officers, Directors, Trus			200	and		abor	+ 0	omponented Employee	<u>20-34</u>	1/24	. /	Page <b>8</b>
(A) Name and title	(B) Average hours per week	(B) Average ours per (do not ch box, unles					one 1 an	(D) Reportable compensation from	S (continued) (E) Reportable compensation from related		(F) Estima amour othe	ated nt of
	(list any hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	organizations (W-2/1099-MIS	C)	ompen from organiz and rel organiza	sation the ation ated
1b Sub-total c Total from continuation sheets to Part VI								93,211.		0.		0.
								93,211.		0.		0.
2 Total number of individuals (including but n compensation from the organization ►	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			0
3 Did the organization list any <b>former</b> officer,	-				•			•			Ye B	s No X
<ul> <li>line 1a? If "Yes," complete Schedule J for s</li> <li>For any individual listed on line 1a, is the su and related organizations greater than \$150</li> </ul>	im of reportabl	e co	mpe	ensat	tion	and	otł	ner compensation from th	ne organization			x
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." corr	accrue compen	Isati	on fr	om a	any	unre	elat	ed organization or individ	lual for services		5	x
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated ind	lono	ndo		ontra		re +	ast received more than \$	100 000 of comp	neation	from	
the organization. Report compensation for										lisation	mon	
(A) Name and business	address							(B) Description of s	ervices	Com	(C) pensat	ion
BLOCK BY BLOCK <u>PO BOX 643873, CINCINNATI</u> PERKINS EASTMAN ARCHITECT	<u>, OH 45</u>	<u>26</u>	4-	<u>38'</u> 10	73 0			STREET CLEAN	ING	3	74,	564.
MONTGOMERY ST, STE 2300,						CA		CONSULTING		1	.32,	000.
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lin	niteo	d to t	thos 2		ted	above) who received mo	ore than	-		<b>)</b> (2017)

732008 11-28-17

DISTRICT, INC. 20-3417247 Page 9 Form 990 (2017) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) (A) Unrelated Related or Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d 16,500. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ..... 411,463. 1f **g** Noncash contributions included in lines 1a-1f: \$ 427,963. h Total. Add lines 1a-1f Business Code 900099 501,197. 501,197. 2 a ASSESSMENT REVENUE Program Service Revenue **b** AFFILIATE MEMBER SERVI 900099 11,024. 11,024. С d е f All other program service revenue 512,221. g Total. Add lines 2a-2f ► 3 Investment income (including dividends, interest, and 123. 123 other similar amounts) ► 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) ..... **d** Net rental income or (loss) ► 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) ► 8 a Gross income from fundraising events (not Other Revenue of including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events ► 9 a Gross income from gaming activities. See Part IV, line 19 а **b** Less: direct expenses c Net income or (loss) from gaming activities ► 10 a Gross sales of inventory, less returns and allowances а **b** Less: cost of goods sold b c Net income or (loss) from sales of inventory ► Miscellaneous Revenue Business Code 11 a b С d All other revenue e Total. Add lines 11a-11d 940,307. 512,221 0. 123. Total revenue. See instructions. ► 12 Form 990 (2017)

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## CASTRO UPPER MARKET COMMUNITY BENEFIT DISTRICT, INC.

	1 990 (2017) DISTRICT, IN t IX Statement of Functional Expense	IC .	IUNITY BENEFI		17247 Page 10
	on 501(c)(3) and 501(c)(4) organizations must comp		r organizations must con	anlete column (A)	
<u> 3ecu</u>	Check if Schedule O contains a respons		-		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	108,868.	96,984.	11,884.	
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	73,001.	52,434.	20,567.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2,280.	1,824.	456.	
10	Payroll taxes	14,199.	12,113.	2,086.	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
с	Accounting	8,250.		8,250.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	239,876.	219,463. 49,610.	20,413.	
12	Advertising and promotion	49,610.	49,610.		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	16,172.	15,111.	1,061.	
17	Travel	2,478.	2,434.	44.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	542.	433.	109.	
23	Insurance				
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 0.)				
а	SIDEWALK CLEANING	377,903.	377,903.		
b	SECURITY AND PUBLIC SAF	88,245.	88,245.		
с	STREETSCAPE IMPROVEMENT	56,281.	56,281.	_	
d	OPERATIONS EXPENSES	21,853.	15,820.	6,033.	
е	All other expenses	2,910.	2,910.		
25	Total functional expenses. Add lines 1 through 24e	1,062,468.	991,565.	70,903.	0.
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 Figure if following SOP 98-2 (ASC 958-720)				

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Form 990 (2017)

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# CASTRO UPPER MARKET COMMUNITY BENEFIT DISTRICT, INC.

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rm 99			•			20-	341/24/	Page 1
Part	X	Balance Sheet						
		Check if Schedule O contains a response or no	te to any	line in this Part X			1	
					<b>(A)</b> Beginning of year		(B) End of yea	
	1	Cash - non-interest-bearing			56,546.	1	403,	
	2	Savings and temporary cash investments			341,528.	2	111,	651
	3	Pledges and grants receivable, net			386,671.	3	155,	379
	4	Accounts receivable, net				4	8,	399
	5	Loans and other receivables from current and f						
		trustees, key employees, and highest compens	ated em	oloyees. Complete				
		Part II of Schedule L		5				
	6	Loans and other receivables from other disqua	lified per	ons (as defined under				
		section 4958(f)(1)), persons described in sectio	n 4958(c	(3)(B), and contributing				
		employers and sponsoring organizations of sec	tion 501	c)(9) voluntary				
<i>n</i>		employees' beneficiary organizations (see instr	. Compl	te Part II of Sch L		6		
Assels	7	Notes and loans receivable, net				7		
¥	8	Inventories for sale or use				8		
	9	Prepaid expenses and deferred charges			4,031.	9	4,	152
1	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	4,358.				
	b	Less: accumulated depreciation		3,508.	1,393.	10c		850
1	11	Investments - publicly traded securities			•	11		
	12	Investments - other securities. See Part IV, line				12		
	13	Investments - program-related. See Part IV, line				13		
	14	Intangible assets				14		
	15	Other assets. See Part IV, line 11		3,892.	15	3,	892	
	16	Total assets. Add lines 1 through 15 (must equ			794,061.	16	687,	
	17	Accounts payable and accrued expenses	52,106.	17	60,			
	18	Grants payable	•	18	, ,			
	19	Deferred revenue		19	7,	610		
	20	Tax-exempt bond liabilities			20	, ,		
	21	Escrow or custodial account liability. Complete			21			
	22	Loans and other payables to current and forme						
		key employees, highest compensated employe						
		Complete Part II of Schedule L				22		
2	23	Secured mortgages and notes payable to unrel				23		
	24	Unsecured notes and loans payable to unrelate		· · · · · · · · · · · · · · · · · · ·		24		
	25	Other liabilities (including federal income tax, p						
-	-0	parties, and other liabilities not included on line						
		Schedule D	,	· .		25		
2	26	<b>T</b> • • • • • • • • • • • • • • • • • • •			52,106.	26	68,	089
		Organizations that follow SFAS 117 (ASC 95					,	
		complete lines 27 through 29, and lines 33 a						
ő   2	27	Unrestricted net assets			48,291.	27	64,	866
	28	Temporarily restricted net assets		693,664.	28	554,		
	29	<b>B</b>		•	29	· · ·		
		Organizations that do not follow SFAS 117 (A						
Net Assets of Fund Datances D. D. D. D. N. N. N.		and complete lines 30 through 34.		,				
2 3	30	Capital stock or trust principal, or current funds	6			30		
2 3	31	Paid-in or capital surplus, or land, building, or e				31		
ξļ	32	Retained earnings, endowment, accumulated in				32		
2   3	33	Total net assets or fund balances			741,955.	33	619,	794
1	33 34				794,061.	34	687,	
10							Form <b>9</b> 9	

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CASTRO	UPPER	MARKET	COMMUNITY	BENEFIT
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20-3417247 Page 12

Form	990 (2017) DISTRICT, INC.	20-34	17247	Page	<b>∍12</b>			
Pa	rt 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		,30				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,062					
3	Revenue less expenses. Subtract line 2 from line 1	3	-122					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	741	,95	5.			
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	619	,79	4.			
Pa	rt XII Financial Statements and Reporting			_				
	Check if Schedule O contains a response or note to any line in this Part XII			<u> [</u>				
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X				
	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:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2017)

732012 11-28-17

SCHE	DULE A		Public Charity Status and Public Support								
(Form 9	90 or 990-EZ)			nization is a section 50					2017		
			49	2017							
	of the Treasury		▶.	Attach to Form 990 or F	orm 990-	EZ.			Open to Public		
Internal Reve			Go to www.irs.go		Inspection						
				ARKET COMMUN	ITY BE	SNEFI			identification number		
Dort	Decem		RICT, INC.						0-3417247		
Part I				All organizations must co			e instructions	5.			
				For lines 1 through 12, c							
1				on of churches described			I)(A)(i).				
2				Attach Schedule E (Forn							
3	•	•		anization described in s			•	() <b>E</b> astau	the been it all a many a		
4		-	ation operated in co	njunction with a hospital	aescribea	in sectio	n 170(b)(1)(A	(III). Enter	the hospital's name,		
5	city, and stat	-	or the bonefit of a co	llege or university owned	l or oporat		worpmontal u	ait doscrib	od in		
5	-	-	Complete Part II.)	lege of university owned	i or operati	eu by a go		III UESCIIDE			
6				nental unit described in	coction 17	70(6)(1)(1)	60				
7 X			-	ntial part of its support f				ne neneral i	oublic described in		
• []	•		omplete Part II.)		oni a gove	innontai		ie general j			
8	-			(1)(A)(vi). (Complete Par	t II.)						
9	-			in section 170(b)(1)(A)(		ed in conju	inction with a	land-grant	college		
	-	-		ulture (see instructions).		-		-	-		
	university:		, , ,	, , , , , , , , , , , , , , , , , , ,		, <b>,</b>	,	0			
10	An organizati	on that norma	lly receives: (1) more	than 33 1/3% of its sup	port from c	contributio	ns, membersł	nip fees, an	d gross receipts from		
	activities rela	ted to its exem	npt functions - subje	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	s support f	from gross investment		
	income and ι	inrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.		
	See section	<b>509(a)(2).</b> (Cor	mplete Part III.)								
11	An organizati	on organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).				
12	An organizati	on organized a	and operated exclus	ively for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or		
	more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	or section &	509(a)(2).	See section &	509(a)(3). (	Check the box in		
_	_lines 12a thro	ough 12d that o	describes the type o	f supporting organization	n and com	plete lines	12e, 12f, and	12g.			
a	<b>Type I.</b> A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving		
		-		gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	upporting		
			complete Part IV, Se								
b 🗌			-	l or controlled in connec			-		•		
		-		anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	ported		
- L	_ ~	. ,	t complete Part IV,					:			
c 🗋				g organization operated ). You must complete l				ly integrate	ea with,		
d		0	()(	orting organization oper		,		tod organi-	ration(a)		
u		-	•	zation generally must sat				•			
			с С	mplete Part IV, Sections	2		•	anallenin	1611635		
e		·	,	written determination fro	,			I Type III			
• _				nally integrated supporti			1900, 1900	n, 1990 m			
f Ent											
			about the supporte								
	(i) Name of supp	orted	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount of		(vi) Amount of other		
	organizatior	1		above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)		
									<u> </u>		
									<u> </u>		
	Danorwork D-	duction Act N	lation can the last	uctions for Form 000	000 57	700001 15	00.17 <b>Cab</b> a		m 000 or 000 EZ) 0047		
LHA FOR	raperwork Re	uuction Act N	iotice, see the Instr	uctions for Form 990 o 13	990-EZ.	732021 10-	06-17 SCNe	uie A (Foi	rm 990 or 990-EZ) 2017		

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Schedule A (Form 990 or 990-EZ) 2017 DISTRICT,
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Part II

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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.)

Sec	ction A. Public Support		•				
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and			(-) =	(-)		() · · · · ·
	membership fees received. (Do not						
	include any "unusual grants.")	120,170.	203,682.	419,970.	332,506.	427,963.	1504291.
2	Tax revenues levied for the organ-	-	-	-		-	
	ization's benefit and either paid to						
	or expended on its behalf	437,441.	455,047.	471,837.	499,476.	501,197.	2364998.
3	The value of services or facilities	-	-	-		-	
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	557,611.	658,729.	891,807.	831,982.	929,160.	3869289.
	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.						3869289.
	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	557,611.	658,729.	891,807.	831,982.	929,160.	3869289.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	593.	263.	128.	99.	123.	1,206.
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 VI.)	1,963.	1,986.	9,693.	8,963.	11,024.	33,629.
11	Total support. Add lines 7 through 10						3904124.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thire	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2017 (li					14	<u>99.11 %</u>
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	99.29 %
16a	33 1/3% support test - 2017. If the c						
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2016. If the c	•					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th						. —
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2017

Schedule A (Form 990 or 990 EZ) 2017 DISTRICT, INC.

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

(Complete only if you checked the box on line 10 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.)

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Se	ction A. Public Support					-	-			
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose									
3	Gross receipts from activities that are not an unrelated trade or bus-									
	iness under section 513									
4	Tax revenues levied for the organ- ization'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									
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons									
t	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									
c	Add lines 7a and 7b									
8	Public support. (Subtract line 7c from line 6.)									
Se	ction B. Total Support		7	1	-	1				
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
9	Amounts from line 6									
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources									
b	Unrelated business taxable income									
	(less section 511 taxes) from businesses acquired after June 30, 1975									
	Add lines 10a and 10b 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 VI.)									
13	Total support. (Add lines 9, 10c, 11, and 12.)									
14	First five years. If the Form 990 is for	•					·			
	check this box and stop here						<b>&gt;</b>			
	ction C. Computation of Public					1 1				
	Public support percentage for 2017 (li			column (f))		15	%			
	Public support percentage from 2016					16	%			
	ction D. Computation of Inves									
	Investment income percentage for 20					17	%			
18	I8       Investment income percentage from 2016 Schedule A, Part III, line 17       18       %         I9a 33 1/3% support tests - 2017. 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       %									
19a		-					/ is not			
L.	more than 33 1/3%, check this box an	-	•		•••••					
Ľ	33 1/3% support tests - 2016. If the line 18 is not more than 33 1/3%, cheat									
20	Private foundation. If the organizatio									
	23 10-06-17					edule A (Form 99	0 or 990-EZ) 2017			
							•			

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## Schedule A (Form 990 or 990 EZ) 2017 DISTRICT,

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

INC.

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A (Form 990 or 990-EZ) 2017

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Yes No

Part M         Supporting Organizations (continued)         Yes         No.           11         Has the organization accepted a gift or contribution from any of the following persons?         11         14         14         15         16 <td< th=""><th>Sche</th><th>dule A (Form 990 or 990-EZ) 2017 DISTRICT, INC.</th><th>20-341724</th><th>l7 Ра</th><th>age <b>5</b></th></td<>	Sche	dule A (Form 990 or 990-EZ) 2017 DISTRICT, INC.	20-341724	l7 Ра	age <b>5</b>
11       Has the originization accepted a gift or combuditon from any of the following persons?       Image: Combudity of the originization?         2       A person with directly or individual to an originization?       Image: Combudity of the originization?         3       A many method or a person discribed in (ii) or (b) above? In Yeas' to a, b, or o, provide detail in Part VI.       Image: Combudity or Combudity Combudity or Combudity or Combudity or Combud					
<ul> <li>a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)</li> <li>b A simily member of a person described in (a) above?</li> <li>c A Sile control entry of a person described in (b) above?</li> <li>c A Sile control entry of a person described in (b) above?</li> <li>c A Sile control entry of a person described in (b) above?</li> <li>c A Sile control entry of a person described in (b) above?</li> <li>c A Sile control entry of a person described in (b) above?</li> <li>c A Sile control entry of a person described in (b) above?</li> <li>a A Sile control entry of a person described in (b) above?</li> <li>a A Sile control entry of a person described in (b) above?</li> <li>a A sile control entry of a person described in (b) above?</li> <li>a A sile control entry of a person described in (b) above?</li> <li>a A sile control entry of the organization is directors or trustees at all times during the tax year? (true, 'excute) in person directors or trustees at all times during the tax year?</li> <li>a person who directly on the powers to approximation on the time the supported organization, describe how the powers to approximation on the time the support of organization on the time the support of organization on the time the support of organization on the time the support of a provide grade bacteria.</li> <li>b Did the organization operate to the benet of any support of approximation? If "Yes, " explain in Part VI how control or trustees of all the supporting organization.</li> <li>c T true a majority of the organization's supported organizations, by the last day of the fifth month of the organization's supporting Organizations. by the last day of the fifth month of the organization's supported organization, the supported organization, and (b) copes of the organization's mether of the supported organization's above the organization's above the organization. The verson the day of the fifth month of the organization's mether of the as organization. The verson the</li></ul>				Yes	No
bed with the governing body of a supported organization?     bed A many member of a period described in (§) or (b) above?     J. Yes: to a. b. or c. provide detail in Part VI.     Section B. Type I Supporting Organizations     Yes in the directors, trustees, or membership of one or more supported organization at mether to megularity appoint or elect at least a majority of the organization additional membership of one or more supported organization, describe in Part VI how the supported organization addition one supported organization, describe in Part VI how the supported organization or directors or trustees at all times during the tax year?     J. Did the directors, trustees, or membership of one or more supported organization, describe in Part VI how the supported organization or directors or trustees were allocated among the supported organization, describe in Part VI how the supported organization organization, describe in Part VI how providing such benefit carled out the purposes of the supported organization (B) and portes Ling (B)	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a periori described in (§ above?         c. A 35% controlled milly of a periori described in (§ above?         c. A 35% controlled milly of a periori described in (§ above?         c. A 35% controlled milly of a periori described in (§ above?         c. A 35% controlled milly of a periori described in (§ above?         c. A 35% controlled milly of a periori described in (§ above?         c. A 35% controlled milly of a periori described in (§ above?         c. A 35% controlled milly a periori described in (§ above?         c. A 35% controlled milly a periori described in (§ above?         c. A 35% controlled milly a periori described in (§ above?         c. A 35% controlled milly a period or and control of a part (§ above?         c. A 55% controlled milly a period or aganization is directors or trustees at all times during the tax year?         () (above in the powers to again adore more ware process of the supported organization, describe how the powers to agrin adore more supported organization?         () (above in the powers in again	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
e. A 35% controlled entity of a person described in [a) or [b] above? /# 'Yes' to a. b. or c. provide detail in Part VI.     10     11     110		below, the governing body of a supported organization?	11a		
Section B. Type I Supporting Organizations  Yes No  Define directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year 1/1 "\observice" in Part VI how the supported organization's directors or trustees at all times during the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. Del the organization or the benefit carried out the supported organization of the support and/or remove directors or trustees at all times during the supported organization grane to the benefit of any supported organization of the time supported organization(s) that operated, supervised, or controlled the supporting organization of the time the support of organization grane to the centrel of any supported organization of the time supported organization grane to ense that organization as the time that one support and/or removes Section C. Type II Supporting Organizations Section D. All Type III Supporting Organizations Section D. All Type III Supporting Organizations supported organizations, supported organization(s) If '\observices in Part VI how corted the support of the organization was vested in the same persons that controlled or managed the upporting organization was vested in the same persons that controlled or managed the upport organization or trustees of the outport of outport tax year, (i) a cortex of the time of the supported organization (i)	b	A family member of a person described in (a) above?	11b		
1       Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization of effectively operated, supervised, or controlled the organization or entricitoes, if any, applied to reach organization, describe the organization or provide organization or genetics at any supported organization of the support organization, and what conditions or restrictions, if any, applied to support of organization, the tax year.       1         2       Debt the organization operated, supporting organization of the support of organization operated, supporting organization of the support of organization operated, supporting organization, and prove of the support of organization is support of organizations.       Yes       No         1       Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the supporting organization, by the support organization is support of organization, by the support organization is support of organization is support of organization is support of organization is support of organization, by the last day of the fifth month of the organization provide to each of its supported organization, by the last day of the fifth month of the organization is support of organization, by the last day of the fifth month of the organization is support of organization, but the support of organization is support of organization, is uper order organization, is upport of organi	C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
<ol> <li>Did the directors, trustees, or membership of one or more supported organizations have the power to regularity appoint or elect at least a majardy of the organization's directors or trustees at all times during the tax year? If 'No,'' describe in <b>Part V</b> how the supported organization's directors or trustees are allocated among the supported organization of the test of and support and/or arows during the tax year? If 'No,'' describe in <b>Part V</b> how the supported organization of the these of and any supported organization of the test of and supported organization of the test of and supported organization of the support and or arows during the tax year? If 'No,'' describe in <b>Part V</b> how the support and/or arows during the tax year? If 'No,'' describe in <b>Part V</b> how control or providing such benefit carned out the purposes of the supported organization? If 'No,'' describe in <b>Part V</b> how control or management of the supporting organizations.</li> <li><b>Section C. Type III Supporting Organizations</b></li> <li><b>Yes</b> No</li> <li><b>Section D. All Type III Supporting Organizations</b></li> <li><b>Yes</b> No</li> <li>in the organization subcorded organizations, by the last day of the fifth month of the organization's governing documents in effect on the date of notification, and (ii) copies of the organization's governing body of a supported organization? If 'No,'' describe in <b>Part V</b> how the organization's support of organization's supported organization? If 'No,'' describe in <b>Part V</b> how the organization's governing body of a supported organization's the test of notification, and (ii) copies of the organization's governing body of supported organization's file organization's governing body of supported organization's supported organizatis in supported organization work regelation how the eregula</li></ol>	Sec	tion B. Type I Supporting Organizations		_	
regularly appoint or elect at least amajority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization, describe how the proves to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the proves to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the proves to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the proves to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the proves to appoint and/or remove directors or trustees were allocated among the supported organization (b) that operated, supervised, or controlled the supporting organization (b) that operated, supervised, or controlled the support organization (b) that operated, supervised, or controlled the support organization (b) that operated, supervised, or controlled the support organization (b) that operated, supervised, or controlled the support organization (b) that operated, supervised, or controlled the support organization is support or organization (b) that operated, supervised organization's support of organization (b) that operated, supervised organization (b) that operated, supervised organization (b) the organization's support of organizations are support of the organization's support of organizations are support or organization (c) the organization's understand the support or vector of the rest of the support of organization (c) the support of organization (c) the organization's officers, or trustees ether (b) apported organization's). <b>1</b> Did the organization's officers, directors, or trustees ether (b) apported organization's). <b>2</b> Were any of the organization's officers, directors, or trustees ether (b) apported organization's). <b>3</b> By reason of the restionshy described in (2)				Yes	No
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<ul> <li>3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's invostment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</li> <li>3 Section E. Type III Functionally Integrated Supporting Organizations.</li> <li>a The organization satisfied the Activities Test. Complete line 2 below.</li> <li>b The organization supported organization's involvement of each of its supported organizations. Complete line 3 below.</li> <li>c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</li> <li>a Did substantially all of the organization was responsive? If "Yes," then in Part VI identify those supported organization's activities during the securities directly furthered their exempt purposes, how the organization's activities that, but for the organization determined that these activities described in (a) constitute activities.</li> <li>b Did the organization's position that its supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organizations. Answer (a) and (b) below.</li> <li>a Parent of Supported Organizations. Answer (a) and (b) below.</li> <li>b Did the organization have the power to regulary appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</li> <li>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each</li> </ul>			2		
<ul> <li>significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</li> <li>Section E. Type III Functionally Integrated Supporting Organizations</li> <li>1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</li> <li>a The organization satisfied the Activities Test. Complete line 2 below.</li> <li>b The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</li> <li>2 Activities Test. Answer (a) and (b) below.</li> <li>a Did substantially all of the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization's novlement.</li> <li>b Did the organization's position that its supported organization's involvement, one or more of the organization's position that its supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's novlement.</li> <li>3 Parent of Supported Organizations. Answer (a) and (b) below.</li> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, or trustees of each of the supported organizations? <i>Provide details in</i> Part VI.</li> <li>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each</li> </ul>	2		2		
<ul> <li>income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in</i> <b>Part VI</b> <i>the role the organization's</i></li> <li><u>supported organizations played in this regard.</u></li> <li><u>Section E. Type III Functionally Integrated Supporting Organizations</u></li> <li>1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</li> <li>a The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i></li> <li>b The organization supported a governmental entity. <i>Describe in</i> <b>Part VI</b> how you supported a government entity (see instructions).</li> <li>2 Activities Test. Answer (a) and (b) below.</li> <li>a The organization's activities during the tax year directly further the exempt purposes of the supported organization's activities during the sea activities directly furthered their exempt purposes, how the organization was responsive? <i>If</i> "Yes," <i>then in</i> <b>Part VI</b> identify those supported organizations, and explain how these activities.</li> <li>b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have been engaged in these activities but for the organization's novlement.</li> <li>3 Parent of Supported Organizations. Answer (a) and (b) below.</li> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organization? <i>Provide details in</i> <b>Part VI</b>.</li> <li>b Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organization? <i>Provide details in</i> <b>Part VI</b>.</li> <li>b Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organization? <i>Provide details in</i> <b>Part VI</b>.</li> <li>b Did the organization exercise</li></ul>	3				
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trustees of each of the supported organizations? Provide details in Part VI.       3a         b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each       Image: Comparison of the support of the sup	3				
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		trustees of each of the supported organizations? Provide details in Part VI.	3a		
of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard. <b>3b</b>	b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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732025 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

09270402 152511 0660915

#### Schedule A (Form 990 or 990-EZ) 2017 DISTRICT, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All 1 other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 **3** Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 2 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions)

Schedule A (Form 990 or 990-EZ) 2017

732026 10-06-17

Sche Par	dule A (Form 990 or 990-EZ) 2017 DISTRICT, INC tV Type III Non-Functionally Integrated 509(			0-3417247 Pag	e <b>7</b>
	on D - Distributions		nizations (continued)	Current Year	
		mat purpaga		Gurrent rear	
_1 _2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp				
2	organizations, in excess of income from activity	r purposes or supported			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	<u>`</u>		
4	Amounts paid to acquire exempt-use assets	s of supported organizations	<u>,                                     </u>		
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in <b>Part VI</b> ). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the	e organization is responsive			
U	(provide details in <b>Part VI</b> ). See instructions.				
9	Distributable amount for 2017 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
10		(i)	(ii)	(iii)	
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017	
1	Distributable amount for 2017 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2017 (reason-				
	able cause required- explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2017				
a					
b	From 2013				
c	From 2014				
d	From 2015				
e	From 2016				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2017 distributable amount				
i	Carryover from 2012 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2017 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2017 distributable amount				
c	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2017, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2017. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2018. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2013				
b	Excess from 2014				
с	Excess from 2015				
d	Excess from 2016				
е	Excess from 2017				

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

					COMMUNITY	BENEFIT	20 2417247
Schedule A Part VI	line 1; Part IV, Section D, I Section D, lines 5, 6, and 8	nation. Pro 2, 3b, 3c, 4b, ines 2 and 3; I	vide the exp 4c, 5a, 6, 9 Part IV, Sec	blanations requ a, 9b, 9c, 11a, tion E, lines 1c	, 11b, and 11c; Part ;, 2a, 2b, 3a, and 3b;	IV, Section B, lines ; Part V, line 1; Part	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
	(See instructions.)						
732028 10-06-1	17			20		Sched	ule A (Form 990 or 990-EZ) 2017

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.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

<u>2017</u>

Employer identification number

Name	of	the	organiza	ation

Organization type (check one):

CASTRO UPPER MARKET COMMUNITY BENEF	IΤ
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DISTRICT, INC.

20-3417247

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious is received exclusively religious, charitable, etc., exclusively religious, exclusively religi

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2017)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization CASTRO UPPER MARKET COMMUNITY BENEFIT DISTRICT, INC. Employer identification number

20-3417247

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>	NATALI INC.       4121 16TH STREET       SAN FRANCISCO, CA 94114-2407	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HORIZONS FOUNDATION 550 MONTGOMERY ST, SUITE 700 SAN FRANCISCO, CA 94111	\$341,812.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CITY AND COUNTY OF SAN FRANCISCO CITY HALL, ROOM 448, 1 DR. CARLTON B GOODLETT PL SAN FRANCISCO, CA 94102	\$16,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
	Name, address, and ZIP + 4	\$	Type of contribution         Person         Payroll         Noncash         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

723452 11-01-17

2017.05050 CASTRO UPPER MARKET COMMU 06609151

22

	ICT, INC.		20-3417247
art II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
_		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		_	

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2017.05050 CASTRO UPPER MARKET COMMU 06609151

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schodulo R (Form 000, 000 E7, or 000 PE) (201	7)
Schedule B (Form 990, 990-EZ, or 990-PF) (201	()

Dad	٦C	4

STRICI	JPPER MARKET COMMUNITY F, INC.		Employer identification number 20-3417247			
	Exclusively religious, charitable, etc., contr the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if additional	columns (a) through (e) and the follor, , charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations less for the year. (Enter this info. once.) \$			
a) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, ar	(e) Transfer of gif	it Relationship of transferor to transferee			
) No. 'om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, ar	(e) Transfer of gif	tt Relationship of transferor to transferee			
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, ar	(e) Transfer of gif	f gift Relationship of transferor to transferee			
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, ar	ad ZIP + 4	Relationship of transferor to transferee			
54 11-01-17			Schedule B (Form 990, 990-EZ, or 990-PF) (2			

SCHEDULE D		Supplementa	Supplemental Financial Statements				
	n 990)	Complete if the org	anization answered "Yes" on Form 990,	2017			
Depart	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.	Open to Public			
-	Revenue Service		90 for instructions and the latest information F COMMUNITY BENEFIT				
Nam	e of the organization	DISTRICT, INC.	I COMMONITI BENEFIT	Employer identification number 20-3417247			
Par	t I Organiza		d Funds or Other Similar Funds or A				
		n answered "Yes" on Form 990, Part IV, lin					
			(a) Donor advised funds	(b) Funds and other accounts			
1		nd of year					
2		f contributions to (during year)					
3		f grants from (during year)					
4		t end of year					
5	-		writing that the assets held in donor advised fur				
6			exclusive legal control? dvisors in writing that grant funds can be used				
U	•	<b>C</b>	r donor advisor, or for any other purpose confe	•			
	impermissible priva						
Par			ganization answered "Yes" on Form 990, Part IV				
1		ervation easements held by the organization					
	Preservation	of land for public use (e.g., recreation or e	ducation) Preservation of a historical	ly important land area			
	Protection o	f natural habitat	Preservation of a certified I	historic structure			
	Preservation	of open space					
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form of a c	onservation easement on the last			
	day of the tax year			Held at the End of the Tax Year			
а	Total number of co	onservation easements		2a			
b	•						
С			ucture included in (a)	2c			
d			after 7/25/06, and not on a historic structure				
_				2d			
3		vation easements modified, transferred, rel	eased, extinguished, or terminated by the organ	nization during the tax			
	year						
4 5		where property subject to conservation eas tion have a written policy regarding the per					
5		orcement of the conservation easements it		Yes No			
6			holds? handling of violations, and enforcing conservati				
Ŭ							
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation e	asements during the vear			
	▶\$		······g - · · · · · · · · · · · · · · ·				
8	Does each conserv	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(E	3)(i)			
	and section 170(h)	(4)(B)(ii)?		Yes No			
9	In Part XIII, describ	be how the organization reports conservation	on easements in its revenue and expense stater	ment, and balance sheet, and			
	include, if applicab	ele, the text of the footnote to the organizat	tion's financial statements that describes the or	ganization's accounting for			
_	conservation ease						
Par		_	Art, Historical Treasures, or Other	Similar Assets.			
	-	the organization answered "Yes" on Form					
1a	-		C 958), not to report in its revenue statement a				
			hibition, education, or research in furtherance of	f public service, provide, in Part XIII,			
		note to its financial statements that descri					
D	-		C 958), to report in its revenue statement and b				
			ducation, or research in furtherance of public se	ervice, provide the following amounts			
	relating to these ite			► ¢			
				<b>x</b> .			
2							
-	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:						
а	-			▶ \$			
		eduction Act Notice, see the Instructions		Schedule D (Form 990) 2017			
	• 10-09-17						
			25				

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2017.05050 CASTRO UPPER MARKET COMMU 06609151

CASTRO	UPPER	MARKET	COMMUNITY	BENEFIT	
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Sche	dule D (Form 990) 2017 DISTRIC	T. TNC.		MIMON I .		IE T I	20	)-34	17247	Page <b>2</b>
	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	r Other S	Similar A	ssets	(continu	ued)
3	Using the organization's acquisition, accession									
	(check all that apply):			•	-	-				
а	Public exhibition	c	1 🗌 I	_oan or exc	hange progra	ams				
b	Scholarly research	e		Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explair	n how the	ey further th	e organizatio	n's exemp	t purpose i	in Part :	XIII.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma								Yes	No No
Par	t IV Escrow and Custodial Arran								ine 9, or	
	reported an amount on Form 990, Pa			•					-	
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for c	ontributions	s or other ass	sets not inc	luded			
	on Form 990, Part X?							🗆	Yes	No No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
с	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						?		Yes	No
	If "Yes," explain the arrangement in Part XIII.					-				
Par	t V Endowment Funds. Complete i	f the organization ar	swered '	"Yes" on Fo	rm 990, Part	IV, line 10.				
		(a) Current year		rior year	(c) Two year		I) Three year	s back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		e (line 1a	. column (a)	) held as:	I				
a	Board designated or quasi-endowment	•	%	,	,					
b	Permanent endowment	%								
	Temporarily restricted endowment	%								
•	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse		ation that	are held ar	nd administer	ed for the	organizatio	n		
ou	by:			are note a			organizatio			Yes No
	(i) unrelated organizations								3a(i)	
	<b></b>								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizations	tions listed as requir							3b	
1	Describe in Part XIII the intended uses of the								50	
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere		). Part IV	. line 11a. S	ee Form 990	. Part X. lin	ie 10.			
	Description of property	(a) Cost or c	T		or other		umulated		(d) Book	value
		basis (investr			(other)		eciation		(,	
1a	Land									
b	Buildings			-						
	Leasehold improvements									
	Equipment				4,358.		3,508	•		850.
	Other									
-	Add lines 1a through 1e. (Column (d) must e		X colum	n (R) line 11	() ()			•		850.

Schedule D (Form 990) 2017

CASTRO UPPER MARKET COMMUNITY BENEFI	ĽТ
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Schedule D (Form 990) 2017 DISTRICT,	INC.		20-3417247 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Ye	es" on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12	
(a) Description of security or category (including name of securit	y) (b) Book value	(c) Method of valuation: Cost	or end-of-year market value
I) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Ye	es" on Form 990. Part IV. line	e 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.			
Complete if the organization answered "Ye	es" on Form 990 Part IV line	11d See Form 990 Part X line 15	
	(a) Description		. (b) Book value
(1)	(		(-)
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B)	line 15.)		🕨
Part X Other Liabilities.			
Complete if the organization answered "Ye	es" on Form 990, Part IV, line		line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990. Part X. col. (B)	line 25)		
<ol> <li>Liability for uncertain tax positions. In Part XIII, prov</li> </ol>	,	o the organization's financial statem	ents that reports the
organization's liability for uncertain tax positions un			

Schedule D (Form 990) 2017

732053 10-09-17

CASTRO UPPER	MARKET	COMMUNITY	BENEFIT
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Sche	dule D (Form 990) 2017 DISTRICT, INC.		20-3417247	Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With Exper	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
с	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			
Pa	t 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.

732054 10-09-17

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. Go to www.irs.gov/Form990 for the latest information. CASTRO UPPER MARKET COMMUNITY BENEFIT



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

INC.

3. S.F. PATROL SPECIAL POLICE TO PATROL: POLICE FOOT PATROL OF JANE

WARNER AND HARVEY MILK PLAZAS, THE BIKEWAY BEHIND SAFEWAY KNOWN AS "THE

WIGGLE", RESPONDING TO ALL CALLS TO THESE PUBLIC SPACES, MAKING 3-4

PASS THROUGHS A NIGHT, CONDUCT SAFETY/PATROL CHECK (TWICE A NIGHT) OF

THE PUBLIC RESTROOM ON MARKET ST. BY 2020 MARKET AND CLEAR OUT

INAPPROPRIATE /ILLEGAL USE/BEHAVIOR. SERVICES ARE PROVIDED 365 DAYS A

YEAR. MONTHLY REPORTING ON ALL ACTIVITY.

DISTRICT

4. RAISED FUNDING FOR CASTRO CARES, A PROGRAM THAT BRINGS 20 HOURS OF DEDICATED HOMELESS OUTREACH SERVICES TO THE DISTRICT AND BRINGS ADDED FOOT PATROLS OF UNIFORMED OFFICERS, DEDICATED TO THE CASTRO & UPPER MARKET DISTRICT.

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

CASTRO/UPPER MARKET COMMUNITY BENEFIT

DISTRICT. LAND USE DECISIONS ARE GUIDED BY THE FOLLOWING MISSION: THE

CASTRO CBD ENCOURAGES LAND USE THAT ALIGNS WITH THE UPPER MARKET

GUIDELINES, COMPLIMENTS THE EXISTING DIVERSE AND HISTORICAL CHARACTER

OF THE DISTRICT, ADDS TO THE ECONOMIC VITALITY THROUGH NEW COMMUNITY

SERVING USES AND INCREASES PUBLIC SAFETY FOR RESIDENTS AND VISITORS.

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

LINE 11A EXPLANATION - REVIEWED BY THE FINANCE COMMITTEE AND THE DIRECTORS.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732211 09-07-17 Schedule O (Form 990 or 990-EZ) (2017)

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Schedule O (Form 990 or 990-EZ) (2017) Name of the organization CASTRO UPPER MARKET COMMUNITY BENEFIT	Page 2 Employer identification number
DISTRICT, INC.	20-3417247
BOARD MEMBERS MUST IDENTIFY THEMSELVES AND STATE ALL POTEN	TIAL CONFLICTS AT
THE BEGINNING OF EACH MEETING. EXECUTIVE COMMITTEE ENFORCE	S AND RECOMMENDS
ANY ACTION.	
FORM 990, PART VI, SECTION B, LINE 15:	
BASED ON COMPARABILITY DATA, REVIEWED AND APPROVED BY THE	BOARD AND
DOCUMENTED IN THE MINUTES OF THE MEETINGS.	
BASED ON COMPARABILITY DATA, REVIEWED AND APPROVED BY THE	BOARD AND
DOCUMENTED IN THE MINUTES OF THE MEETINGS.	
FORM 990, PART VI, SECTION C, LINE 19:	
POSTED ON OUR WEBSITE AND AVAILABLE UPON REQUEST	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	219,463.
MANAGEMENT AND GENERAL EXPENSES	20,413.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	239,876.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	239,876.

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017) 30 2017.05050 CASTRO UPPER MARKET COMMU 06609151

## TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

#### FOR THE YEAR ENDING

June 30, 2018

#### **Prepared For:**

CASTRO UPPER MARKET COMMUNITY BENEFIT DISTRICT, INC. 584 CASTRO STREET No. 336 SAN FRANCISCO, CA 94114

#### Prepared By:

RINA accountancy corporation 150 Post Street, Suite 200 San Francisco, CA 94108

#### To be Signed and Dated By:

Not applicable

#### Amount of Tax:

\$ 10
\$ 0
\$ 0
\$ 0
\$ 10
\$ \$ \$ \$ \$

#### **Overpayment:**

Credited to your estimated tax	\$ 0
Other amount	\$ 0
Refunded to you	\$ 0

#### Make Check Payable To:

#### Franchise Tax Board

#### Mail Tax Return and Check (if applicable) To:

This return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign, date and return Form 8453-EO to our office. We will then transmit your return electronically to the FTB. Do not mail the paper copy of the return to the FTB.

#### Return Must be Mailed On or Before:

Not applicable

#### **Special Instructions:**

## TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

#### FOR THE YEAR ENDING

June 30, 2018

#### **Prepared For:**

CASTRO UPPER MARKET COMMUNITY BENEFIT DISTRICT, INC. 584 CASTRO STREET No. 336 SAN FRANCISCO, CA 94114

### Prepared By:

RINA accountancy corporation 150 Post Street, Suite 200 San Francisco, CA 94108

#### Amount of Tax:

Balance due of \$75

#### Make Check Payable To:

Attorney General Registry of Charitable Trusts

#### Mail Tax Return To:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

#### Return Must Be Mailed On Or Before:

Please mail as soon as possible.

#### **Special Instructions:**

The report should be signed and dated by an authorized individual(s).

2017     Annual Information Return     199       Calence Vac 2017 or feat are tenjoming ramedayyoy     07/01/2017     , and ending (mm/ddayyoy)     06/30/2018       Concentrol-Quantum mark     Calence Concentrol-Quantum mark     Calence Concentrol-Quantum mark     Calence Concentrol-Quantum mark       CASTRO UPPER MARKET COMMUNITY BENEFIT     DISTRICT     27.99121       Matteral diversal mark     Park       20-3417247     Other address calence record       Other address calence record     Park no.       20-4 CASTRO STREET, NO. 336     Park no.       SA PRANCISCO     CA       Intel address calence record     Park no.       Intel ad	TAXABLE	YEAR	California Exempt Organ						728941 12-06-17 FORM
Carstreou       UPDER       MARKET       COMMUNITY BENEFIT         DISTRICT, INC.       2799121         Anterval formation has instructions.       120-3417247         Orner address faulte or norm       120-3417247         Server address faulte or norm       120-3417247         Foreign county norm       120-3417247         Forei	201	17	Annual Information Retu	rn					199
CASTRO UPPER MARKET COMMUNITY BENEFIT DISTRICT, INC. 2799121  Term S04 CASTRO STREET, NO. 336  TERM S04 CASTRO STREET, S04 TERM S04	Calendar Yea	r 2017 or fis	al year beginning (mm/dd/yyyy) 07/01	L/2017	, and ending	(mm/dd/yy	/уу)	06	5/30/2018 .
DISTRICT, INC.       2799121         Additional Methods for instructions.       Print         Description       Pails instructions.         S84 CASTRO STREET, NO. 336       Pails instructions.         City       Name       Par code         SN PRANCISCO       CA       94114         Freego-code code monol       Encode monol       Presspectroling and code monol         Freego-code code monol       Presspectroling and code monol       Presspectroling and code monol         Freego-code code monol       Presspectroling and code monol       Presspectroling and code monol       Presspectroling and code monol         Freedom and code monol       Presspectroling and code monol       Presspectroling and code monol       Presspectroling and code monol       Presspectroling and code monol         Freedom and code monol       Presspectroling and code monol         Freedom and total code monol       Presspectroling and code monol       <						Ca	lifornia corp	oration	number
Address (information: See instructions:       PEN         SB4 CASTRO STREET, NO. 336       PAda to.         City       Pada to.         SAN FRANCISCO       CA         Forein source/statebook       Caread-statebook         Foreins source/statebook       Caread-statebook <t< td=""><td></td><td></td><td></td><td>IT</td><td></td><td></td><td>2700</td><td>1 0 1</td><td></td></t<>				IT			2700	1 0 1	
20-3417247           S84 CASTRO STREET, NO. 336           City           San FRANCISCO           Freight county name           Precise county name     <		-				F			<u> </u>
Based advances (Luke scrown)         PMB ro.           584         CASTRO STREET, NO. 336         PMB ro.           584         CASTRO STREET, NO. 336         PMB ro.           SAN         FRANCISCO         PCA         P4114           Frequences         Product convertex         Parage position convertex         Parage position convertex           A         First Return         Visit XI No         J         If account convertex         PVIs XI No           B         Amended Return         Visit XI No         J         If account convertex         PVIs XI No           C         Incol Addition Addition Convertex         Visit XI No         J         If account convertex         Visit XI No           Final Information Return?         Visit XI No         J         If account convertex         Visit XI No           G         Istitus a group convertex         Visit XI No         J         If account convertex         Visit XI No           G         Istitus a group convertex         Visit XI No         J         If account convertex         Visit XI No           G         Istitus a group convertex         Visit XI No         Visit XI No         Visit XI No         Visit XI No           If the organization is account group converpoint convisit XI No         Istitus account convisit XI	, la antonia i nito						20-3	417	247
Only       Date       Prove         SAN_FRANCISCO       CA       94114         Compared control forme       Freedom Control forme       Freedom Control forme         A       First Return       Yes       No         B       Amended Return       Yes       No       J       If exempt under RATC Section 23701d, has the organization         B       Amended Return       Yes       No       J       If exempt under RATC Section 23701d, has the organization         B       Amended Return       Yes       No       K       No       K       No         B       Amended Return       Wes       No       K       No       K       No       No<	Street address	s (suite or room)				I	1		
SAN FRANCISCO       CA       94114         Freedport       Fre	584 CA	STRO S	TREET, NO. 336			-			
Ferrigs sourry name       Foreigs pecide code         A First Return       Yes       X No         B Amended Return       Yes       X No         C IRG Section 427(a)(1) fust       Yes       X No         D Final Information Return?       Yes       X No         • In all information Return?       Wes       X No         • In all information Return?       Wes       X No         • Info Section 427(a)(1) fust       Wes       X No         • If Yes, what is the parent's name?       Wes       X No         • Info Section 527(a)(1) fust       Wes       X No         • Info Her graphization is a group Ring? Sec instructions       • Yes       X No         • Info Her graphization is a group Ring?       • Yes       X No         • I Info Her graphization is a group Ring?       • Yes       X No         • I Info Her graphization have any changes to its guidelines       • Yes       X No         • I Gross alses or receipts from other sources. From Side 2, Part II, line 8       • 1 <td< td=""><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	-								
A       First Return       □       Yes       X       No       J       If exempt under RATC Section 23701d, has the organization         C       IRC Section 497(3(1) tost       □       Yes       X       No       No </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>CA</td> <td>-</td> <td></td> <td>ada</td>						CA	-		ada
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<ul> <li>Descrived</li> <li>Burendered (Withdrawn)</li> <li>Merges/Reorganized</li> <li>L If organization is exempt under R&amp;TC Section 23701d</li> <li>and mets the filing fee acception, check box, No filing</li> <li>Check accounting method: (1)</li> <li>Super C(2)</li> <li>Boore (3)</li> <li>Sen H (xoo)</li> <li>M Is the organization a Limited Liability Company?</li> <li>Yes X No</li> <li>N Did the organization in a group exemption</li> <li>Yes X No</li> <li>I Did the organization in a group exemption</li> <li>Yes X No</li> <li>I Did the organization in a group exemption</li> <li>Yes X No</li> <li>I Did the organization in a group exemption</li> <li>Yes X No</li> <li>I Did the organization in a group exemption</li> <li>Yes X No</li> <li>I Did the organization in a group exemption</li> <li>Yes X No</li> <li>I Did the organization in a group exemption</li> <li>Yes X No</li> <li>I Did the organization in a group exemption</li> <li>Yes X No</li> <li>I Did the organization in a group exemption</li> <li>Yes X No</li> <li>I Did the organization in a group exemption</li> <li>Yes X No</li> <li>I Did the organization in a group exemption</li> <li>Yes X No</li> <li>I Bis addied in a priory exemption</li> <li>Yes X No</li> <li>I Did the organization have any changes to its guidelines</li> <li>I organization in the store sources. From Side 2, Part II, line 8</li> <li>I Statistical Scottributions, grints, and similar amounts received</li> <li>S Gross dues and assessments from members and affiliates</li> <li>I Total costs. Add line 5 and line 6</li> <li>I Total costs. Add line 5 and line 6</li> <li>I Total costs. Add line 5 and line 6</li> <li>I Total costs. Add line 5 and line 6</li> <li>I Cost or dopods sold</li> <li>I Cost or dopods sold</li> <li>I Cost or dopods sold</li> <li>I Total costs. Add line 5 and line 6</li> <li>I Cost or dopods sold</li> <li>I Cost</li></ul>					-				•
Ender date: (mmodelypy)						•			
E Check accounting method: (1) can (2) Account (3) other F F dedrai return file? (1) • soore (3) • Son H (so) (4) (1X) there 990 series G is this a group filing? See instructions • Yes [X] No H is this organization in a group exemption · Yes [X] No H is this organization in a group exemption · Yes [X] No I Did the organization file form 100 or Form				•					
F       Feteral return filed? (1) • esor (2) • seorer (3) • seorer (3) • with the organization a Limited Lability Company?       • Yes X No         (4) X Other 990 series       6       Is this a group filing? See instructions       • Yes X No         H       Is this organization in a group exemption       Yes X No         H's this organization in a group exemption       Yes X No         I Did the organization have any changes to its guidelines       • Yes X No         not reported to the FTB? See instructions       • Yes X No         Part I Complete Part unless not required to file this form. See General Information B and C.       1         Part I Complete Part unless not required to file this form. See General Information B and C.       1         2       Gross soles or receipts from other sources, From Side 2, Part II, line 8       1       5122, 344. 00         3       Gross contributions, gifts, grants, and similar amounts received       \$ 1       940, 307. 00         4       Total costs. Add line 5 and line 6       7       00         6       Cost or goods sold       • 1       100         10       Total costs. Add line 5 and line 6       1       1.0.2.2, 161. 00         11       Total costs. Add line 5 and line 6       1       1.0.2.2, 161. 00         12       Loss or receipts over expenses and disbursements. Subtract line 9 from line 11					-				-
(4)[X] Other 990 series       No         G Is this a group filing? See instructions       Yes X No         H Is this organization in a group exemption       Yes X No         I Yes, "what is the parent's name?       Is the organization under audit by the IRS or has the IRS audited in a prior year?       Yes X No         I Did the organization have any changes to its guidelines not reported to the FTB? See instructions       Yes X No       Is the organization under audit by the IRS or has the IRS audited in a prior year?       Yes X No         Part I Complete Part unless not required to file this form. See General Information B and C.       I forces sales or receipts from other sources. From Side 2, Part II, line 8       I State organization if a group exemption in the sources. The rough here sources.									
H       is this organization in a group exemption       Yes       No       0       is the organization under audit by the IRS or has the IR	(4) X	Other 990 se		N Did th					
If "Yes," what is the parent's name?  If "Yes," what is the parent's name?  If "Yes," what is the parent's name?  If S audited in a prior year?  P is federal form 1023/1024 pending?  Date filed with IRS  P is federal form 1023/1024 pending?									
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A total gross receipts for filing requirement test. Add line 1 through line 3. <ul> <li>Total gross receipts for filing requirement test. Add line 1 through line 3.</li> <li>Total gross receipts of filing requirement test. Add line 1 through line 3.</li> <li>Cost of goods sold</li> <li>Cost of goods sold</li> <li>Cost of goods sold</li> <li>Cost of goods sold</li> <li>Total costs. Add line 5 and line 6</li> <li>Total costs. Add line 5 and line 6</li> <li>Total costs. Add line 5 and line 6</li> <li>Total costs. Add line 7 from line 4</li> <li>Total costs. Add line 7 from line 11, subtract line 12 from line 11</li> <li>Total avenets balance. If line 11 is more than line 11, subtract line 11 from line 12</li> <li>Total costs. Add line 12, subtract line 11 from line 12</li> <li>Total cost 7 from 110.</li> <li>Total cost 7 from 110.</li></ul>									
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15 Filing fee \$10 or \$25. See General Information F       15       10.00         16 Penalties and Interest. See General Information J         16 Penalties and Interest. See General Information J         16 Penalties and Interest. See General Information J         17 10.00         17 10.00         Under penalties of perjury, 1 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 taxpayer) is based on all information of which preparer has any knowledge.         Sign ture of officer         Date         Check if self-employed         Signature of officer         Preparer's signature of officer         Check if self-employed         Preparer's signature of officer         Preparer's if self-employed         Preparer's if self-employed         Preparer's Signature of officer         Preparer's if self-employed         Preparer's if self-employed         Preparer's if self-employed         Preparer's Signature of officer         Outer Colspan= 2         Outer Colspan= 2								13	00
16 Penalties and Interest. See General Information J         17       Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result         Under penalties of perjury, Ideclare that 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 taxpayer) is based on all information of which preparer has any knowledge.         Sign Here       Signature of officer       Title       Date       • Telephone         Signature of officer       EDWARD FAHEY       Date       • PTIN         Preparer's signature of officer       EDWARD FAHEY       04/02/19       Polo194561         Preparer's lise for yours, if self-employed and dedress       FIINA ACCOUNTANCY CORPORATION       94-3158857         Use Only       150 POST STREET, SUITE 200       • Telephone         Address       SAN FRANCISCO, CA 94108       • Telephone	Filing Fee								
17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result       17       10.00         Under penalties of perjury. I declare that 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 taxpayer) is based on all information of which preparer has any knowledge.       17       10.00         Sign Here       Signature of office       Title       Date       • Telephone         Signature of office       EDWARD FAHEY       Date       • PTIN         Preparer's signature of office       EDWARD FAHEY       04/02/19       Pole       • PO0194561         Preparer's lise for yours, if self-       EINA ACCOUNTANCY CORPORATION       94-3158857       • FelN         Use Only       If self-       050 POST STREET, SUITE 200       • Telephone         Address       SAN FRANCISCO, CA 94108       • Telephone									
Sign Here       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 taxpayer) is based on all information of which preparer has any knowledge.         Sign Here       Signature of officer       Itelephone         Preparer's signature of officer       EDWARD FAHEY       Date          • PTIN • P00194561          Paid Preparer's Use Only       Firm's name (or yours, if self- employed) and address       RINA ACCOUNTANCY CORPORATION • FEIN • Suiter 200 • Telephone         • Felophone         • Felophone         • Felophone         • Check if • P10194561         • FEIN • Felophone         • Check if • Felophone         • Felophone         • Felophone         • Felophone         • Felophone         • Check if • Felophone         • Felophone         • Felophone         • Felophone         • Felophone         • Check if • Felophone         • Check if • Felophone         • Felophone         • Felophone         • Check if • Felophone         • Felophone         • Check if • Felophone         • Telephone         • Check if • Felophone         • Check if • Felophone         • Telephone         • Check if         • Telephone         • Che									
Signature of office     Signature of office     Title EXECUTIVE DIR.     Date     • Telephone       Preparer's signature     EDWARD FAHEY     04/02/19     • PTIN       Paid     Preparer's signature     • PTIN       Preparer's signature     EDWARD FAHEY     04/02/19     • PO0194561       Preparer's signature     • FEIN     • FEIN       Preparer's Use Only     • FINA ACCOUNTANCY CORPORATION     94-3158857       • Telephone     • Telephone     • Telephone       (or yours, if self- employed)     • TINA ACCOUNTANCY CORPORATION     94-3158857       • Telephone     • Telephone     • Telephone       (d 15)     777-4488     • Telephone		Under penalt it is true, corr	s of perjury, I declare that I have examined this return, includin ct, and complete. Declaration of preparer (other than taxpayer)	g accompanying s is based on all inf	chedules and statem ormation of which pre	ents, and to t eparer has an	he best of m y knowledge	y know	ledge and belief,
Paid       Preparer's signature       EDWARD FAHEY       Date       Check if       P1IN         Paid       Preparer's signature       EDWARD FAHEY       04/02/19       Self-employed       P00194561         Preparer's       Firm's name       • FEIN       94-3158857       • FEIN         Use Only       ad address       ACCOUNTANCY CORPORATION       94-3158857       • Telephone         (415)       777-4488       • Telephone       • Telephone							, ,		
Preparer's signature       EDWARD FAHEY       04/02/19       Check if self-employed       P00194561         Preparer's if self- employed and address       FINA ACCOUNTANCY CORPORATION 150 POST STREET, SUITE 200       94-3158857         • Telephone (415) 777-4488		Signature of officer		EXEC		R.			
Paid Preparer's       Firm's name (or yours, if self- employed) and address       FINA ACCOUNTANCY CORPORATION       94-3158857         Use Only       150 POST STREET, SUITE 200 SAN FRANCISCO, CA 94108       • Telephone (415) 777-4488		Preparer's							
Preparer's       Firm's name (or yours, is self- employed) and address       RINA ACCOUNTANCY CORPORATION       94-3158857         Use Only       150 POST STREET, SUITE 200 SAN FRANCISCO, CA 94108       • Telephone (415) 777-4488	Daid		EDWARD FAHEY		04/02/1	Self-e	employed		
Use Only Use Only 150 POST STREET, SUITE 200 and address SAN FRANCISCO, CA 94108 (415) 777-4488		(or yours,	RINA ACCOUNTANCY CORPOR	ATION					94-3158857
and address SAN FRANCISCO, CA 94108 (415) 777-4488	•	employed)							
May the FTB discuss this return with the preparer shown above? See instructions		and address							
		May the FT	discuss this return with the preparer shown above?	See instructio	ns	<u></u>	• X	Yes	No

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728941 12-06-17

#### CASTRO UPPER MARKET COMMUNITY BENEFIT DISTRICT, INC.

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

	1	Gross sales or receipts from all b	ousiness activities. See instruct	ions	•	1	00
	2	Interest			•	2	123. <sub>00</sub>
	3	Dividends				3	00
Receipts	4	<b>•</b> •			-	4	00
from	5	Gross royalties			•	5	00
Other	6	Gross amount received from sale	of assets (See Instructions)		•	6	00
Sources	7	Other income	· · · · · · · · · · · · · · · · · · ·	SEE STA	TEMENT 2 •	7	512,221. <sub>00</sub>
	8	Total gross sales or receipts from				8	512,344. <sub>00</sub>
	9	Contributions, gifts, grants, and	similar amounts paid		•	9	00
	10	Disbursements to or for member	S		•	10	00
	11	Compensation of officers, directo	ors, and trustees	SEE STA	TEMENT 3 •	11	108,868. <sub>00</sub>
	12	Other salaries and wages			•	12	73,001. <sub>00</sub>
Expenses	13	Interest				13	00
and	14	Taxes				14	14,199. <sub>00</sub>
Disburse-	15	Rents				15	<u>   16,172. oo</u>
ments	16	Depreciation and depletion (See	instructions)		•	16	542. <sub>00</sub>
	17	Other Expenses and Disburseme	nts	SEE STA	TEMENT 4 •	17	849,686. <sub>00</sub>
		Total expenses and disbursemen	its. Add line 9 through line 17.	Enter here and on Side 1, Pa	rt I, line 9	18	<u>1,062,468. oo</u>
Sched	ule L	Balance Sheet	Beginning of t	of tax	able year		
Assets			(a)	(b)	(C)		(d)
1 Cash				398,074.			• 515,211.
		s receivable					• 8,399.
		ceivable					•
4 Inven	tories <sub>.</sub>						•
		state government obligations					•
		in other bonds					•
7 Inves	tments	in stock					•
8 Mortę	gage lo	ans					•
	invest					_	•
10 a De	preciab	le assets	4,358.		4,35		
		mulated depreciation	( 2,965.)	1,393.	( 3,508	• )	850.
11 Land							•
		STMT 5		394,594.			• 163,423.
13 Total	assets			794,061.			687,883.
Liabilities				<b>EO 10</b>			<u> </u>
		yable		52,106.			• 60,479.
	15 Contributions, gifts, or grants payable						•
	16 Bonds and notes payable					•	
17 Morto	gages p	ayable					•
18 Other	liabilit	es STMT 6					7,610.
19 Capita	al stock	or principal fund					•
		tal surplus. Attach reconciliation					•
		nings or income fund		741,955.			• 619,794.
		ies and net worth		794,061.			687,883.
Schedu	ule IV	Reconciliation of income r	er books with income per ret	urn			

-122,161. 7 Income recorded on books this year 1 Net income per books • 2 Federal income tax • not included in this return • • **3** Excess of capital losses over capital gains ...... 8 Deductions in this return not charged 4 Income not recorded on books this year • against book income this year • 9 Total. Add line 7 and line 8 5 Expenses recorded on books this year not deducted in this return • 10 Net income per return. -122,161. -122,161. 6 Total. Add line 1 through line 5 Subtract line 9 from line 6

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

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CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 1		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT	
NATALI INC.	4121 16TH STREET SAN FRANCISCO, CA 94114-2407	12/31/17	20,000.	
HORIZONS FOUNDATION	550 MONTGOMERY ST, SUITE 700 SAN FRANCISCO, CA 94111		341,812.	
CITY AND COUNTY OF SAN FRANCISCO	CITY HALL, ROOM 448, 1 DR. CARLTON B GOODLETT PL SAN FRANCISCO, CA 94102		16,500.	
TOTAL INCLUDED ON LINE 3		-	378,312.	

CA 199	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
ASSESSMENT REVENUE AFFILIATE MEMBER SERVICE		501,197. 11,024.
TOTAL TO FORM 199, PART II, L	INE 7	512,221.

CA 199	COMPENSATION OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 3
NAME AND A	ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
584 CASTRO	MAL CAMPELL COOL STREET, NO. 336 SCO, CA 94114	PRESIDENT OF BOARD OF DIRE 2.00	0.
ALAN LAU 584 CASTRC SAN FRANCI	) STREET, NO. 336 ISCO, CA 94114	VICE PRESIDENT BOARD OF DI 2.00	0.
	FENBERG STREET, NO. 336 SCO, CA 94114	SECRETARY BOARD OF DIRECTO 2.00	0.
	HOEMAKER ) STREET, NO. 336 ISCO, CA 94114	BOARD OF DIRECTORS 2.00	0.
	JURE STREET, NO. 336 SCO, CA 94114	BOARD OF DIRECTORS 2.00	0.
	AHAGUN ) STREET, NO. 336 ISCO, CA 94114	BOARD OF DIRECTORS 2.00	0.
	OLLINGS O STREET, NO. 336 ISCO, CA 94114	BOARD OF DIRECTORS 2.00	0.
	XA ) STREET, NO. 336 ISCO, CA 94114	BOARD OF DIRECTORS 2.00	0.

CASTRO UPPER MARKET COMMUNITY BENEFIT DI	20-3417247
HUBERT BANBOARD OF DIRECTORS584 CASTRO STREET, NO. 3362.00SAN FRANCISCO, CA94114	0.
MICHAEL LANGLEY BOARD OF DIRECTORS 584 CASTRO STREET, NO. 336 2.00 SAN FRANCISCO, CA 94114	0.
ANDREA AIELLO EXECUTIVE DIRECCTOR 584 CASTRO STREET, NO. 336 40.00 SAN FRANCISCO, CA 94114	108,868.
TOTAL TO FORM 199, PART II, LINE 11	108,868.

CA 199	OTHER EXPENSES	STATEMENT 4
DESCRIPTION		AMOUNT
SIDEWALK CLEANING SECURITY AND PUBLIC SAF STREETSCAPE IMPROVEMENT OPERATIONS EXPENSES OTHER EMPLOYEE BENEFITS ACCOUNTING FEES OTHER PROFESSIONAL FEES ADVERTISING AND PROMOTION TRAVEL ALL OTHER EXPENSES		377,903. 88,245. 56,281. 21,853. 2,280. 8,250. 239,876. 49,610. 2,478. 2,910.
TOTAL TO FORM 199, PART II, LIN	E 17	849,686.

CA 199 OTHER ASSETS		STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES SECURITY DEPOSIT	386,671. 4,031. 3,892.	155,379. 4,152. 3,892.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	394,594.	163,423.

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CA 199	OTHER LIABILIT	IES	STATEMENT 6
DESCRIPTION		BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE		0.	7,610.
TOTAL TO FORM 199, SCHEDULE L,	LINE 18	0.	7,610.
CA 199	FUND BALANCES	5	STATEMENT 7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
		48,291.	
UNRESTRICTED ASSETS TEMPORARILY RESTRICTED ASSETS		693,664.	64,866. 554,928.

## Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

ſ		
	WHERE TO FILE:	Using black or blue ink, make check or money order payable to the
		"Franchise Tax Board." Write the corporation number or FEIN and
		"2017 FTB 3586" on the check or money order. Detach voucher
		below. Enclose, but do not staple, payment with voucher and
		mail to:
		FRANCHISE TAX BOARD
		PO BOX 942857
		SACRAMENTO CA 94257-0531
	Make all checks or money	orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE:	Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.
	S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.
	Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.
is extended to the nex Due to the federal Em	lls on a weekend or holiday, the deadline to file and pay without penalty ct business day. ancipation Day holiday on April 16, 2018, tax returns filed and payments n April 17, 2018, will be considered timely.

**ONLINE SERVICES:** Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov/pay** for more information.

739035 11-29-17

\_\_\_ DETACH HERE \_\_\_\_\_ IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER \_\_\_\_\_ DETACH HERE \_\_\_\_ CAUTION: You may be required to pay electronically, see instructions. TAXABLE YEAR Payment Voucher for Corporations and Exempt CALIFORNIA FORM **Organizations e-filed Returns** 2017 3586 (e-file) 17 0000000 20-3417247 FORM 3 CAST 2799121 TYB 07-01-2017 TYE 06-30-2018 CASTRO UPPER MARKET COMMUNITY BENEFIT DISTRICT INC 584 CASTRO STREET NO 336 SAN FRANCISCO CA 94114 (415) 500-1181 Amount of Payment 10.

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<u>TAXABL</u>				ı e-file Organiz		Autho	rizati	on f	or				FORM 8453-EO
Exempt Org	ganization na	ne										Identifyin	g number
CASTI	RO UP	PER MAF	RKET (	COMMUNI	TY BEN	IEFIT							
DIST	RICT,	INC.										20-3	3417247
Part I	Electro	nic Return In	formatio	n (whole doll	ars only)								
1 Tota	al gross re	eceipts (Form	199, line	4)								. 1_	
<b>2</b> Tota	al gross ir	come (Form	199, line 8	3)								. 2	940,307. <sub>00</sub>
3 Tota	al expens	es and disbu	rsements	(Form 199, li	ne 9)							. 3_	1,062,468. 00
Part II	Settle Y	our Account	t Electron	ically for Ta	xable Year	2017							
4	Electror	ic funds with	drawal	4a Amou	Int			4b Wi	ithdrawal d	ate (mr	n/dd/yy	уу)	
Part III	Banking	Information	n (Have yo	ou verified the	e exempt or	ganization's b	anking ir	nformati	ion?)				
5 Rout	ting numb	er											
6 Acco	ount num	ber					<b>7</b> Ty	pe of a	ccount:	Ch	ecking		] Savings
Part IV	Declara	tion of Offic	er										
l authorize on line 4a		ot organization	's account	to be settled a	s designated i	n Part II. If I ch	eck Part I	l, Box 4,	l authorize a	an electr	onic fun	ds witho	drawal for the amount listed
transmitte California a balance organizati statement	er, or interr electronic due return ion will rem ts be transr	nediate service return. To the l , I understand ain liable for th nitted to the FT	provider and best of my l that if the F ne fee liabili TB by the Ef	nd the amount knowledge and ranchise Tax E ity and all appl RO, transmitte	s in Part I abo d belief, the ex Board (FTB) do icable interesi r, or intermed	ove agree with t kempt organizat oes not receive t and penalties.	he amoun ion's retu full and ti I authoriz vider. <b>If t</b> l	ts on the rn is true mely pay e the exe <b>he proce</b>	e correspond e, correct, an ment of the empt organiz ssing of the	ling line d comp exempt ation re	s of the lete. If th organiza turn and	exempt le exem ltion's fe accomp	eturn originator (ERO), organization's 2017 pt organization is filing ee liability, the exempt banying schedules and <b>return or refund is</b>
Sign							EXE	СПТТТ	VE DI	R.			
Here	Signa	ture of officer			Date	,	Title	0011					
Part V	Declara	tion of Elect	ronic Ret	urn Originat	or (ERO) ar	nd Paid Prepa	rer.						
am only a accurately provided 1 1345, 201 the exemp I declare t	that I have in intermed y reflects th the organiz 17 e-file Ha pt organiza that I have	reviewed the al iate service pro e data on the r ation officer wi ndbook for Aut ion return is fi examined the a	bove exemp ovider, I un eturn.) I ha ith a copy o thorized e-fi led, whiche bove exem	ot organization derstand that I ve obtained th if all forms and ile Providers. I ver is later, an pt organizatior	's return and am not respo e organization d information will keep forr d I will make n's return and	that the entries onsible for revie n officer's signa that I will file w n FTB 8453-E0 a copy available	on form F wing the e ture on fo ith the FTE on file fo to the FT schedule	exempt o rm FTB 8 3, and 1 f 7 <b>four</b> ye B upon r s and sta	organization's 8453-EO bef nave followe ears from the request. If I a	s return ore tran d all oth due da am also	. I declar smitting er requir te of the the paid	e, howe this ret ements return c prepare	best of my knowledge. (If I iver, that form FTB 8453-E0 urn to the FTB; I have described in FTB Pub. or <b>four</b> years from the date r, under penalties of perjury, vledge and belief, they are
	ERO's-						Date		Check if		Check		ERO's PTIN
ERO	signature	RTNA	ACCO	UNTANCY	CORPO	)RATTO			also paid preparer	X	if self- employe	d 🗌	P00194561
	Firm's name					CORPOR	ATION	1	property		- on proje		94-3158857
Sign	if self-emplo and address					SUITE		•					
•				FRANCIS								ZIP cod	e94108
			e that I have	e examined the	e above organ						tements,		the best of my knowledge
Paid	, ,	uo, contol, di		. i mant ims i						0			id and a DTP
Paid	Paid prepa							Date		Check if self-		ר   <sup>Pa</sup>	id preparer's PTIN
Must		s name (or yours	•							employe	-u [		
Sign	if self	-employed)										FEIN	
	and a	ddress	٢									ZIP cod	e

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2017

729021 11-27-17

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

WEB SITE ADDRESS: www.ag.ca.gov/charities/

#### ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: <b>CT</b> <u>1</u>	3185	9	Check if:					
CASTRO UPPER MARKET DISTRICT, INC.	COM	AUNITY BENEFIT	Change of address     Amended report					
584 CASTRO STREET, 1 Address (Number and Street)	NO. 3	336	Corporate	or Organization No. <u>2799121</u>				
SAN FRANCISCO, CA	94114	1	Federal Em	nployer I.D. No20-3417247				
		ENEWAL FEE SCHEDULE (11 Cal. ck Payable to Attorney General's R	-					
Gross Receipts	<u>Fee</u>	Gross Annual Revenue	Fee	Gross Annual Revenue	Fe	Fee		
Less than \$25,000 Between \$25,000 and \$100,000								
PART A - ACTIVITIES								
For your most recent full accord Gross annual revenue \$		eriod (beginning <u>07/01/20</u> 940,307. Total assets \$_		ing <u>06/30/2018</u> ) list: 687,883.				
PART B - STATEMENTS REGARDIN	G ORGA	NIZATION DURING THE PERIOD O	OF THIS RE	PORT				
		estions below, you must attach a se 1 instructions for information requi		e providing an explanation and details	for eac	h		
<ol> <li>During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?</li> </ol>								
2. During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?						x		
3. During this reporting period, did r	non-progi	ram expenditures exceed 50% of gro	ss revenue?	,		x		
4. During this reporting period, were with the Internal Revenue Service		anization funds used to pay any pena a copy.	alty, fine or j	udgment? If you filed a Form 4720		x		
· · · ·		vices of a commercial fundraiser or fundraiser or fundraiser or fundrase, address, and telephone number	•	ounsel for charitable purposes used? rvice provider.		x		
	•	ization receive any governmental fur tact person, and telephone number.	•	provide an attachment listing the SEE STATEMENT 8	x			
7. During this reporting period, did t the number of raffles and the date	-	-	rposes? If "y	es," provide an attachment indicating		x		
-		lonation program? If "yes," provide a ganization contracts with a commerc				x		
9. Did your organization have prepa principles for this reporting period		udited financial statement in accorda	nce with ge	nerally accepted accounting		x		
Organization's area code and telephone nur	nber <u>4</u>	15-500-1181						
Organization's e-mail address <b>EXECD</b>	IREC	TOR@CASTROCBD.ORG						
l declare under penalty of perjury that I ha is true, correct and complete.	ve exami	ned this report, including accompanying	) documents,	and to the best of my knowledge and belief,	the cont	ent		
		REA AIELLO		XECUTIVE DIR.				
Signature of authorized officer	Printe	d Name	Tit	tle D	ite			
720201								

#### CA RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING PART B, LINE 6 STATEMENT 8

CITY AND COUNTY OF SAN FRANCISCO OFFICE OF ECONOMIC AND WORKFORCE DEVELOPMENT CITY HALL, ROOM 448 1 DR. CARLTON B. GOODLETT PLACE SAN FRANCISCO, CA 94102 CONTACT PERSON: CHRISTOPHER CORGAS TELEPHONE NUMBER: 415-554-6661