

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization CASTRO/UPPER MARKET COMMUNITY BENEFIT DISTRICT INC</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 584 CASTRO STREET 336</p> <p>City or town, state or country, and ZIP + 4 SAN FRANCISCO, CA 94114</p>	<p>D Employer identification number 20-3417247</p> <p>E Telephone number 650-355-1294</p> <p>F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Hand I are not applicable to section 527 organizations.

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

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

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

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

G Website: ▶ **WWW.CASTROCBD.ORG**

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

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

I Group Exemption Number ▶ **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **447,102.**

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

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

	<p>1 Contributions, gifts, grants, and similar amounts received:</p> <p>a Contributions to donor advised funds 1a</p> <p>b Direct public support (not included on line 1a) 1b</p> <p>c Indirect public support (not included on line 1a) 1c</p> <p>d Government contributions (grants) (not included on line 1a) 1d 45,000.</p> <p>e Total (add lines 1a through 1d) (cash \$ 45,000. noncash \$ _____) ... 1e 45,000.</p> <p>2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 397,066.</p> <p>3 Membership dues and assessments 3</p> <p>4 Interest on savings and temporary cash investments 4 5,036.</p> <p>5 Dividends and interest from securities 5</p> <p>6 a Gross rents 6a</p> <p>b Less: rental expenses 6b</p> <p>c Net rental income or (loss). Subtract line 6b from line 6a 6c</p> <p>7 Other investment income (describe ▶ _____) 7</p> <p>8 a Gross amount from sales of assets other than inventory 8a</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align:center;">(A) Securities</td> <td style="width:50%; text-align:center;">(B) Other</td> </tr> <tr> <td style="width:50%;">8a</td> <td style="width:50%;"></td> </tr> <tr> <td style="width:50%;">8b</td> <td style="width:50%;"></td> </tr> <tr> <td style="width:50%;">8c</td> <td style="width:50%;"></td> </tr> </table> <p>d Net gain or (loss). Combine line 8c, columns (A) and (B) 8d</p> <p>9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/></p> <p>a Gross revenue (not including \$ _____ of contributions reported on line 1b) ... 9a</p> <p>b Less: direct expenses other than fundraising expenses 9b</p> <p>c Net income or (loss) from special events. Subtract line 9b from line 9a 9c</p> <p>10 a Gross sales of inventory, less returns and allowances 10a</p> <p>b Less: cost of goods sold 10b</p> <p>c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 10c</p> <p>11 Other revenue (from Part VII, line 103) 11</p> <p>12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 447,102.</p>	(A) Securities	(B) Other	8a		8b		8c			
(A) Securities	(B) Other										
8a											
8b											
8c											
Revenue											
Expenses	<p>13 Program services (from line 44, column (B)) 13 427,739.</p> <p>14 Management and general (from line 44, column (C)) 14 26,107.</p> <p>15 Fundraising (from line 44, column (D)) 15 5,518.</p> <p>16 Payments to affiliates (attach schedule) 16</p> <p>17 Total expenses. Add lines 16 and 44, column (A) 17 459,364.</p>										
Net Assets	<p>18 Excess or (deficit) for the year. Subtract line 17 from line 12 18 <12,262.></p> <p>19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 377,480.</p> <p>20 Other changes in net assets or fund balances (attach explanation) 20 0.</p> <p>21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21 365,218.</p>										

**CASTRO/UPPER MARKET COMMUNITY BENEFIT
DISTRICT INC**

Form 990 (2007)

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Part II Statement of Functional Expenses

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

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	0.	0.	0.	0.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c				
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27				
29 Payroll taxes				
30 Professional fundraising fees	5,518.			5,518.
31 Accounting fees	3,760.		3,760.	
32 Legal fees	13,197.	13,197.		
33 Supplies				
34 Telephone				
35 Postage and shipping	1,386.	584.	802.	
36 Occupancy				
37 Equipment rental and maintenance				
38 Printing and publications	7,049.	6,947.	102.	
39 Travel	1,709.		1,709.	
40 Conferences, conventions, and meetings	115.	115.		
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)				
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 2	426,630.	406,896.	19,734.	
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	459,364.	427,739.	26,107.	5,518.

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

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

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12-27-07

Form 990 (2007)

**CASTRO/UPPER MARKET COMMUNITY BENEFIT
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Part III Statement of Program Service Accomplishments (See the instructions.)

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

What is the organization's primary exempt purpose? ► SEE STATEMENT 3	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a PUBLIC RIGHT OF WAY AND SIDEWALK OPERATIONS — REGULAR SIDEWALK SWEEPING AND STEAM CLEANING, BEAUTIFICATION AND MAINTENANCE OF PUBLIC SPACES, ENHANCED TRASH EMPTYING, AND GRAFFITI REMOVAL (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	219,550.
b ENHANCED SECURITY SERVICES — HIRING OF SAN FRANCISCO SPECIAL PATROL FOR SAFETY AND SECURITY OF THE RESIDENTS, BUSINESSES, AND TOURISTS IN THE BENEFIT DISTRICT (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	75,120.
c DISTRICT IDENTITY AND STREETScape IMPROVEMENTS — REVIEW AND PARTICIPATION IN SPECIAL EVENTS IN THE BENEFIT DISTRICT, SECURING AND USING HOLIDAY DECORATIONS, ECONOMIC DEVELOPMENT PRODUCING MAPS, AND HIGHLIGHTING HISTORICAL MARKERS. INCLUDES INFORMING PROPERTY OWNERS OF THE ACHIEVEMENTS OF THE CBD (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	105,353.
d (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) SEE STATEMENT 4 (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	27,716.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	427,739.

Form **990** (2007)

**CASTRO/UPPER MARKET COMMUNITY BENEFIT
DISTRICT INC**

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Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	498.	45	5,977.
	46 Savings and temporary cash investments	383,266.	46	347,102.
	47 a Accounts receivable	32,995.		
	b Less: allowance for doubtful accounts		47c	32,995.
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	10,172.
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 a Investments - publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments - other securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
	55 a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation		55c	
	56 Investments - other		56	
	57 a Land, buildings, and equipment: basis			
	b Less: accumulated depreciation		57c	
58 Other assets, including program-related investments (describe ▶ _____)		58		
59 Total assets (must equal line 74). Add lines 45 through 58		383,764.	59	396,246.
Liabilities	60 Accounts payable and accrued expenses	6,284.	60	31,028.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ▶ _____)		65	
66 Total liabilities. Add lines 60 through 65		6,284.	66	31,028.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds	377,480.	70	365,218.
	71 Paid-in or capital surplus, or land, building, and equipment fund	0.	71	0.
	72 Retained earnings, endowment, accumulated income, or other funds	0.	72	0.
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		377,480.	73	365,218.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		383,764.	74	396,246.

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**CASTRO/UPPER MARKET COMMUNITY BENEFIT
DISTRICT INC**

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Part VI Other Information <i>(continued)</i>		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
	b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b <u>N/A</u>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
	b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		
	83b <u>N/A</u>		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b <u>N/A</u>		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	c Dues, assessments, and similar amounts from members		
	85c <u>N/A</u>		
	d Section 162(e) lobbying and political expenditures		
	85d <u>N/A</u>		
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e <u>N/A</u>		
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f <u>N/A</u>		
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	85g <u>N/A</u>		
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	85h <u>N/A</u>		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a <u>N/A</u>		
	b Gross receipts, included on line 12, for public use of club facilities		
	86b <u>N/A</u>		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b <u>N/A</u>		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
	b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0.</u> ; section 4912 ▶ <u>0.</u> ; section 4955 ▶ <u>0.</u>		
	b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	▶ <u>0.</u>		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	▶ <u>0.</u>		
	e <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
	f <i>All organizations.</i> Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
	g <i>For supporting organizations and sponsoring organizations maintaining donor advised funds.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? <u>N/A</u>		
	89g <u>N/A</u>		
90 a	List the states with which a copy of this return is filed ▶ <u>CA</u>		
	b Number of employees employed in the pay period that includes March 12, 2007	90b	<u>0</u>
91 a	The books are in care of ▶ <u>HERBERT S. COHN</u> Telephone no. ▶ <u>415-621-6637</u> Located at ▶ <u>4077 SEVENTEENTH STREET, SAN FRANCISCO, CA</u> ZIP + 4 ▶ <u>94114</u>		
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country ▶ <u>N/A</u>		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		

Form **990** (2007)

CASTRO/UPPER MARKET COMMUNITY BENEFIT DISTRICT INC

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Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a ASSESSMENTS					397,066.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	5,036.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		5,036.	397,066.
105 Total (add line 104, columns (B), (D), and (E))					402,102.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	SPECIAL BENEFIT ASSESSMENTS LEVIED ON REAL ESTATE APPROVED BY THE PROPERTY OWNERS UNDER SAN FRANCISCO LAW GOVERNING COMMUNITY BENEFIT DISTRICTS FOR THE EXEMPT PURPOSES OF THE ORGANIZATION

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Form **990** (2007)

**CASTRO/UPPER MARKET COMMUNITY BENEFIT
DISTRICT INC**

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

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
Totals					

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
Totals					

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: HERBERT S. COHN, TREASURER Date: _____

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. X): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no.: _____

Form 990 (2007)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

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

OMB No. 1545-0047

2007

Name of the organization **CASTRO/UPPER MARKET COMMUNITY BENEFIT DISTRICT INC** Employer identification number **20 3417247**

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

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

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

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

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

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>MJM MANAGEMENT GROUP</u> <u>275 POST STREET, SAN FRANCISCO, CA 94108</u>	STREET CLEANING	219,550.
<u>SAN FRANCISCO SPECIAL PATROL</u> <u>PO BOX 27482, SAN FRANCISCO, CA 94127</u>	SECURITY SERVICES	75,120.
Total number of other contractors receiving over \$50,000 for other services	0	

CASTRO/UPPER MARKET COMMUNITY BENEFIT

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

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

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

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

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

Provide the following information about the supported organizations. (See page 8 of the instructions.)

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

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

CASTRO/UPPER MARKET COMMUNITY BENEFIT

Schedule A (Form 990 or 990-EZ) 2007

DISTRICT INC

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

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

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	10,000.				10,000.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	4,758.				4,758.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	374,955.				374,955.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	389,713.	0.	0.	0.	389,713.
24 Line 23 minus line 17	389,713.				389,713.
25 Enter 1% of line 23	3,897.				

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	26d	N/A
e Public support (line 26c minus line 26d total)	26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	N/A %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) 0. (2005) 0. (2004) 0. (2003) 0.		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) 0. (2005) 0. (2004) 0. (2003) 0.		
c Add: Amounts from column (e) for lines: 15 10,000. 16 _____ 17 _____ 20 374,955. 21 _____	27c	384,955.
d Add: Line 27a total 0. and line 27b total 0.	27d	0.
e Public support (line 27c total minus line 27d total)	27e	384,955.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f	389,713.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	98.7791%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	1.2209%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

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

N/A

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

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

CASTRO/UPPER MARKET COMMUNITY BENEFIT

Schedule A (Form 990 or 990-EZ) 2007 **DISTRICT INC**

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Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

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

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

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

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

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount		0.			0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures		0.			0.
48 Grassroots nontaxable amount		0.			0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures		0.			0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

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

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

FORM 990

REASONABLE CAUSE FOR LATE FILING

STATEMENT 1

OUR PREVIOUS TREASURER, STEVE DESDIER, UNEXPECTEDLY PASSED AWAY IN NOVEMBER 2008 SHORTLY BEFORE THE ORIGINAL DUE DATE OF THE TAX RETURN. UNBEKNOWNST TO US, HE HAD NOT YET COMPLETED THE TAX RETURN. SINCE OUR ANNUAL REVIEW BY OUR CPAS HAD BEEN COMPLETED, WE ASSUMED THE TAX RETURN HAD BEEN FILED. WHEN YOUR LETTER IN LATE APRIL 2009 ARRIVED ASKING FOR A TAX RETURN, WE WERE TAKEN BY SURPRISE. WE CONTACTED YOU IN MAY 2009 TO EXPLAIN THE SITUATION AND YOUR AGENT ASKED US TO ATTACH THIS EXPLANATION TO THE COMPLETED TAX RETURN. WE HAD TO CONTACT THE ACCOUNTING FIRM WHO TOOK OVER STEVE'S PRACTICE TO OBTAIN THE INFORMATION REQUIRED TO FILE THIS RETURN. YOUR AGENT TOLD US THAT A PENALTY WOULD BE ASSESSED, BUT THAT IN CIRCUMSTANCES LIKE THIS, A WAIVER OF THE PENALTY IS WARRANTED. PLEASE WAIVE OUR PENALTY. WE ARE A NON-PROFIT THAT OPERATES ON A VERY TIGHT BUDGET, AND ADDITIONAL COSTS ARE DIFFICULT TO ABSORB. THANK YOU IN ADVANCE FOR YOUR CONSIDERATION.

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
STREET CLEANING	219,550.	219,550.		
SECURITY SERVICES DISTRICT	75,120.	75,120.		
ID/STREETSCAPE	44,000.	44,000.		
ECONOMIC DEVELOPMENT	40,000.	40,000.		
CONSULTANT	32,522.	23,329.	9,193.	
ADMINISTRATIVE SERVICES	3,081.		3,081.	
ADVERTISING AND PROMOTION	3,496.	3,247.	249.	
MEETING EXPENSE	1,554.		1,554.	
BOOTH RENTAL	625.	625.		
DUES AND SUBSCRIPTIONS	216.		216.	
OFFICE EXPENSES	1,454.	789.	665.	
PARKING AND TOLLS	420.	236.	184.	
WEBSITE/INTERNET	4,110.		4,110.	
OTHER EXPENSE	482.		482.	
TOTAL TO FM 990, LN 43	426,630.	406,896.	19,734.	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3
PART III

EXPLANATION

AS ESTABLISHED UNDER A LAW PASSED BY THE CITY AND COUNTY OF SAN FRANCISCO, THE CASTRO/UPPER MARKET COMMUNITY BENEFIT DISTRICT SEEKS TO ENABLE REVITALIZATION, TO BRING ABOUT INVESTMENT OF PRIVATE AND PUBLIC CAPITAL FOR PUBLIC BENEFIT AND CHARITABLE PURPOSES, INCREASE QUALITY PUBLIC IMPROVEMENTS, EDUCATIONAL, CULTURAL, ARTISTIC, CHARITABLE, AND SOCIAL SERVICES, TO BRING ABOUT THE INCREASED ECONOMIC WELL-BEING OF RESIDENTS, EMPLOYEES AND BUSINESSES, AND TO PROMOTE ECONOMIC IMPROVEMENT THROUGH ACTIVITIES WHICH CONTRIBUTE TO WELL-BEING AND SUSTAINABILITY — ALL WITHIN THE CASTRO/UPPER MARKET COMMUNITY BENEFIT DISTRICT OF SAN FRANCISCO.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 4

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
SUPPORT SERVICES FOR REGULAR ACTIVITIES	0.	27,716.
TOTAL TO FORM 990, PART III, LINE E		27,716.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 5

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
HERBERT S. COHN 584 CASTRO STREET #336 SAN FRANCISCO, CA 94114	PRESIDENT 3.00	0.	0.	0.
GUSTAVO SERINA 584 CASTRO STREET #336 SAN FRANCISCO, CA 94114	VICE PRESIDENT 3.00	0.	0.	0.
DOMINIC CAMPODONICO 584 CASTRO STREET #336 SAN FRANCISCO, CA 94114	SECRETARY 3.00	0.	0.	0.
STEVE DESDIER 584 CASTRO STREET #336 SAN FRANCISCO, CA 94114	TREASURER 3.00	0.	0.	0.
KIMBERLY DANIELS 584 CASTRO STREET #336 SAN FRANCISCO, CA 94114	DIRECTOR 1.00	0.	0.	0.
BRIAN GREENE 584 CASTRO STREET #336 SAN FRANCISCO, CA 94114	DIRECTOR 1.00	0.	0.	0.
TIM PATRIARCA 584 CASTRO STREET #336 SAN FRANCISCO, CA 94114	DIRECTOR 1.00	0.	0.	0.
PAT SAHAGUN 584 CASTRO STREET #336 SAN FRANCISCO, CA 94114	DIRECTOR 1.00	0.	0.	0.

PAULINE SCHOLTEN	DIRECTOR			
584 CASTRO STREET #336	1.00	0.	0.	0.
SAN FRANCISCO, CA 94114				
KEN STRAM	DIRECTOR			
584 CASTRO STREET #336	1.00	0.	0.	0.
SAN FRANCISCO, CA 94114				
KEN WINGARD	DIRECTOR			
584 CASTRO STREET #336	1.00	0.	0.	0.
SAN FRANCISCO, CA 94114				
TOTALS INCLUDED ON FORM 990, PART V-A		<u>0.</u>	<u>0.</u>	<u>0.</u>