

Return of Organization Exempt from Income Tax

2002

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2002 calendar year, or tax year beginning 7/01, 2002, and ending 6/30, 2003

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See specific instructions.

SAN FRANCISCO SCIENCE FICTION CONVENTIONS, INC. POST OFFICE BOX 61363 SUNNYVALE, CA 94088-1363

D Employer Identification Number 68-0247935 E Telephone number 408-243-4054 F Accounting method: Cash, Accrual

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

H and I are not applicable to section 527 organizations.

- H (a) Is this a group return for affiliates? H (b) If 'Yes,' enter number of affiliates H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling?

G Web site: N/A

J Organization type (check only one) 501(c) 3

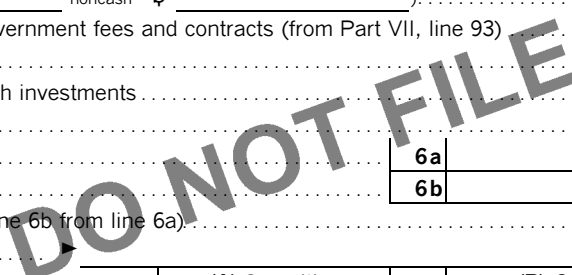
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 286,121.

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with columns for Revenue, Expenses, and Net Assets. Rows include contributions, program service revenue, membership dues, interest on savings, dividends, gross rents, other investment income, special events, and total revenue/expenses.



**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.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) See Stmt 1 (cash \$ 30,750. non-cash \$ )	30,750.	30,750.		
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc.				
26	Other salaries and wages				
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	18,546.	18,460.	86.	
34	Telephone	8,019.	7,923.	96.	
35	Postage and shipping	8,549.	8,549.		
36	Occupancy	305,966.	305,966.		
37	Equipment rental and maintenance	38,355.	38,355.		
38	Printing and publications	64,921.	64,921.		
39	Travel	16,265.	16,265.		
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)				
43	Other expenses not covered above (itemize):				
a	See Statement 2	133,881.	133,747.	134.	
b					
c					
d					
e					
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15.	625,252.	624,936.	316.	0.

**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 \$ \_\_\_\_\_; (ii) the amount allocated to program services \$ \_\_\_\_\_; (iii) the amount allocated to management and general \$ \_\_\_\_\_; and (iv) the amount allocated to fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? 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) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a PREPARATORY EXPENSES, ISSUANCE OF PUBLICATIONS, AND EXPENSES OF OPERATIONS FOR CONJOSE, THE 60TH WORLD SCIENCE FICTION CONVENTION, HELD IN SAN JOSE, CALIFORNIA IN 2002 (Grants and allocations \$ )	624,936.
b (Grants and allocations \$ )	
c (Grants and allocations \$ )	
d (Grants and allocations \$ )	
e Other program services (Grants and allocations \$ )	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	624,936.

**Part IV Balance Sheets** (See Instructions)

<b>Note:</b> 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
<b>ASSETS</b>	<b>45</b> Cash – non-interest-bearing .....	78,304.	<b>45</b>	30,641.
	<b>46</b> Savings and temporary cash investments .....	239,003.	<b>46</b>	60,855.
	<b>47a</b> Accounts receivable .....	<b>47a</b>		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>47b</b>		<b>47c</b>
	<b>48a</b> Pledges receivable .....	<b>48a</b>		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>48b</b>		<b>48c</b>
	<b>49</b> Grants receivable .....		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) .....		<b>50</b>	
	<b>51a</b> Other notes & loans receivable (attach sch) .....	<b>51a</b>		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>51b</b>		<b>51c</b>
	<b>52</b> Inventories for sale or use .....		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges .....	652.	<b>53</b>	2.
	<b>54</b> Investments – securities (attach schedule) .....	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54</b>	
	<b>55a</b> Investments – land, buildings, & equipment: basis .....	<b>55a</b>		
	<b>b</b> Less: accumulated depreciation (attach schedule) .....	<b>55b</b>		<b>55c</b>
<b>56</b> Investments – other (attach schedule) .....		<b>56</b>		
<b>57a</b> Land, buildings, and equipment: basis .....	<b>57a</b> 790.			
<b>b</b> Less: accumulated depreciation (attach schedule) .....	<b>57b</b> Statement 3	790.	<b>57c</b> 790.	
<b>58</b> Other assets (describe ▶ See Statement 4) .....		111,802.	<b>58</b> 2.	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) .....		430,551.	<b>59</b> 92,290.	
<b>LIABILITIES</b>	<b>60</b> Accounts payable and accrued expenses .....	10.	<b>60</b>	880.
	<b>61</b> Grants payable .....		<b>61</b>	
	<b>62</b> Deferred revenue .....		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) .....		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) .....		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) .....		<b>64b</b>	
	<b>65</b> Other liabilities (describe ▶) .....		<b>65</b>	
<b>66 Total liabilities</b> (add lines 60 through 65) .....		10.	<b>66</b> 880.	
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted .....		<b>67</b>	
	<b>68</b> Temporarily restricted .....		<b>68</b>	
	<b>69</b> Permanently restricted .....		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds .....		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund .....		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds .....	430,541.	<b>72</b>	91,410.
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....		430,541.	<b>73</b> 91,410.	
<b>74 Total liabilities and net assets/fund balances</b> (add lines 66 and 73) .....		430,551.	<b>74</b> 92,290.	

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.

BAA

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions.)

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total revenue, gains, and other support per audited financial statements..... ▶	<b>a</b>	286,121.
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990:		
(1)	Net unrealized gains on investments..... \$		
(2)	Donated services and use of facilities..... \$		
(3)	Recoveries of prior year grants..... \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4)..... ▶	<b>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b> ..... ▶	<b>c</b>	286,121.
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990..... \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2) .. ▶	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )..... ▶	<b>e</b>	286,121.

<b>a</b>	Total expenses and losses per audited financial statements..... ▶	<b>a</b>	625,252.
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990:		
(1)	Donated services and use of facilities..... \$		
(2)	Prior year adjustments reported on line 20, Form 990..... \$		
(3)	Losses reported on line 20, Form 990..... \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4)..... ▶	<b>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b> ..... ▶	<b>c</b>	625,252.
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990..... \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2)..... ▶	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )..... ▶	<b>e</b>	625,252.

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
See Statement 5		0.	0.	0.
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75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶  Yes  No

If 'Yes,' attach schedule — see instructions.

**Part VI Other Information** (See instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?		X
81a	If 'Yes,' enter the name of the organization <b>N/A</b> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct or indirect political expenditures. See line 81 instructions.	81a	0.
81b	Did the organization file <b>Form 1120-POL</b> for this year?		X
82a	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
82b	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	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	<b>501(c)(4), (5), or (6) organizations.</b> Were substantially all dues nondeductible by members?		N/A
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		N/A
85c	Dues, assessments, and similar amounts from members	85c	N/A
85d	Section 162(e) lobbying and political expenditures	85d	N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	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?		N/A
86a	<b>501(c)(7) organizations.</b> Enter: a Initiation fees and capital contributions included on line 12.	86a	N/A
86b	Gross receipts, included on line 12, for public use of club facilities.	86b	N/A
87a	<b>501(c)(12) organizations.</b> Enter: a Gross income from members or shareholders	87a	N/A
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	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
89a	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>0.</b> ; section 4912 <b>0.</b> ; section 4955 <b>0.</b>		
89b	<b>501(c)(3) and 501(c)(4) organizations.</b> 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.		0.
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization.		0.
90a	List the states with which a copy of this return is filed <b>None</b>		
90b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions.)	90b	0
91	The books are in care of <b>CRAIGE K. HOWLETT</b> Telephone number <b>408-243-4054</b> Located at <b>1742 FREMONT STREET, SANTA CLARA, CA</b> ZIP + 4 <b>95050</b>		
92	<b>Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041</b> - Check here. <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>92</b>		N/A

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

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue: a See Statement 6					60,779.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					223,479.
95 Interest on savings & temporary cash invmnts			14	1,863.	
96 Dividends & 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 pers prop					
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))				1,863.	284,258.
105 Total (add line 104, columns (B), (D), and (E))					286,121.

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See 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).
N/A	

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

**Please 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 officer) is based on all information of which preparer has any knowledge.

Signature of officer: CRAIGE K. HOWLETT, Treasurer Date: \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature: Michael Stephen Schaffer Date: \_\_\_\_\_ Check if self-employed:

Firm's name (or yours if self-employed): Michael Stephen Schaffer CPA Preparer's SSN or PTIN (see General Instruction W): \_\_\_\_\_

Address, and ZIP + 4: 19310 Vineyard Lane EIN: \_\_\_\_\_

Saratoga, CA 95070-4545 Phone no.: (408) 973-9949

**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 Section 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

**2002**

Name of the organization **SAN FRANCISCO SCIENCE FICTION  
CONVENTIONS, INC.** Employer identification number **68-0247935**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See 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 and deferred compensation	(e) Expense account and other allowances
None				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$50,000.....▶	0			

DO NOT FILE

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See 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 III** Statements About Activities (See instructions.)

	Yes	No
<b>1</b> 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 . . . . ▶ \$ <u>                    N/A                    </u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .	1	X
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.		
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property? . . . . .	2a	X
<b>b</b> Lending of money or other extension of credit? . . . . .	2b	X
<b>c</b> Furnishing of goods, services, or facilities? . . . . .	2c	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	2d	X
<b>e</b> Transfer of any part of its income or assets? . . . . .	2e	X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc? (See <b>Note</b> below.) . . . . .	3	X
<b>4</b> Do you have a section 403(b) annuity plan for your employees? . . . . .	4	X
<b>Note:</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments.		

**Part IV** Reason for Non-Private Foundation Status (See instructions.)

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 supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

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

(a) Name(s) of supported organization(s)	(b) Line number from above

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

**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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) ...	2,263.		25,000.	1,237.	28,500.
<b>16</b> Membership fees received .....	411,893.	20,322.	128,013.	69,694.	629,922.
<b>17</b> 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. ....	63,055.	8,772.	819.	23,474.	96,120.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 .....	2,683.	3,056.	63.	1,680.	7,482.
<b>19</b> Net income from unrelated business activities not included in line 18 .....					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf .....					
<b>21</b> 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 .....					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. See Stmt. 7.		1,416.			1,416.
<b>23</b> Total of lines 15 through 22 .....	479,894.	33,566.	153,895.	96,085.	763,440.
<b>24</b> Line 23 minus line 17 .....	416,839.	24,794.	153,076.	72,611.	667,320.
<b>25</b> Enter 1% of line 23 .....	4,799.	336.	1,539.	961.	
<b>26 Organizations described on lines 10 or 11:</b>	a Enter 2% of amount in column (e), line 24 .....				N/A
<b>b</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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts .....					
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e) .....					
<b>d</b> Add: Amounts from column (e) for lines:	<b>18</b> _____	<b>19</b> _____			
	<b>22</b> _____	<b>26b</b> _____			
<b>e</b> Public support (line 26c minus line 26d total) .....					
<b>f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) .....</b>					%
<b>27 Organizations described on line 12:</b>					
<b>a</b> 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: (2001) _____ (2000) _____ (1999) _____ (1998) _____					
<b>b</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 11, 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: (2001) _____ (2000) _____ (1999) _____ (1998) _____					
<b>c</b> Add: Amounts from column (e) for lines:	<b>15</b> _____	<b>16</b> _____			
	<b>17</b> _____	<b>20</b> _____	<b>21</b> _____		
<b>d</b> Add: Line 27a total .....	25,000.		and line 27b total .....		0.
<b>e</b> Public support (line 27c total minus line 27d total) .....					
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e) .....					
<b>g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) .....</b>					95.56 %
<b>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) .....</b>					0.98 %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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.

**Part V Private School Questionnaire** (See instructions.)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		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.) ----- -----		
34a	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. ....		

DO NOT FILE

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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

<b>Limits on Lobbying Expenditures</b> (The term 'expenditures' means amounts paid or incurred.)	<b>(a)</b> Affiliated group totals	<b>(b)</b> To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>	
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>	
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table —		
<b>If the amount on line 40 is —</b>		
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 .....	
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>	
<b>Caution:</b> 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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount .....					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					
<b>47</b> Total lobbying expenditures .....					
<b>48</b> Grassroots non-taxable amount .....					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					
<b>50</b> Grassroots lobbying expenditures .....					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See 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
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (add lines <b>c</b> through <b>h</b> .) .....			

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



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**Statement 1**  
**Form 990, Part II, Line 22**  
**Grants and Allocations**

Cash Grants and Allocations

Donee's Name:	Science Fiction Book Lovers		
Relationship of Donee:	None		
Amount Given:		\$	750.
Donee's Name:	TORCON3		
Relationship of Donee:	NONE		
Amount Given:			10,000.
Donee's Name:	N4		
Relationship of Donee:	NONE		
Amount Given:			10,000.
Donee's Name:	INTERACTION		
Relationship of Donee:	NONE		
Amount Given:			10,000.
Total Grants and Allocations			<u>\$ 30,750.</u>

**Statement 2**  
**Form 990, Part II, Line 43**  
**Other Expenses**

DO NOT FILE

	(A)	(B)	(C)	(D)
	<u>Total</u>	<u>Program Services</u>	<u>Management &amp; General</u>	<u>Fundraising</u>
ANIME PROGRAM	3,000.	3,000.		
ART SHOW RECEPTION	2,555.	2,555.		
BAD DEBTS	1,075.	1,075.		
BANK CHARGES	364.	364.		
BUSINESS MEETING	1,548.	1,548.		
CEREMONIES STAGE DECORATION	1,109.	1,109.		
CHILDCARE EXPENSES	12,890.	12,890.		
CURRENCY EXCHANGE	124.	124.		
DANCE - LIGHTING	200.	200.		
DANCE - SOUND	1,000.	1,000.		
FILING FEES	20.		20.	
FIRST AID	2,749.	2,749.		
GUEST GIFTS	650.	650.		
GUEST HONORARIA	2,600.	2,600.		
HOSPITALITY EXPENSES	33,222.	33,222.		
HUGO AWARD STATUE FABRICATION	3,440.	3,440.		
HUGO NOMINEE CERTIFICATES	148.	148.		
HUGO PINS	277.	277.		
HUGO RECEPTION	4,291.	4,291.		
HUGO STAGE DECORATION	42.	42.		
ICE	2,475.	2,475.		
INSURANCE	8,705.	8,705.		
IT EXPENSES	3,246.	3,246.		
LICENSE FEES & PERMITS	25.		25.	
MASQUERADE AWARDS	450.	450.		
MASQUERADE CERTIFICATES	70.	70.		

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**Statement 2 (continued)**  
**Form 990, Part II, Line 43**  
**Other Expenses**

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
MASQUERADE GREENROOM	1,343.	1,343.		
MASQUERADE PHOTOS	305.	305.		
MASQUERADE PROGRAMS	1,396.	1,396.		
MASQUERADE RIBBONS	200.	200.		
MERCHANT CREDIT CARD EXP.	22,505.	22,505.		
MISCELLANEOUS	485.	396.	89.	
PAYPAL FEES	2,052.	2,052.		
PRESENTATIONS	12.	12.		
PROGRAMMING - TRACKS	8,772.	8,772.		
REPLACEMENT MUGS	1,072.	1,072.		
SIGN LANGUAGE INTERPRETERS	180.	180.		
SITE SELECTION	251.	251.		
STORAGE	3,565.	3,565.		
TRAFFIC CONTROL	4,080.	4,080.		
WRITERS' WORKSHOP EXPENSES	1,388.	1,388.		
<b>Total</b>	<b>\$ 133,881.</b>	<b>\$ 133,747.</b>	<b>\$ 134.</b>	<b>\$ 0.</b>

**Statement 3**  
**Form 990, Part IV, Line 57**  
**Land, Buildings, and Equipment**

Category	Basis	Accum. Deprec.	Book Value
Machinery and Equipment	\$ 790.	\$ 0.	\$ 790.
<b>Total</b>	<b>\$ 790.</b>	<b>\$ 0.</b>	<b>\$ 790.</b>

**Statement 4**  
**Form 990, Part IV, Line 58**  
**Other Assets**

MAILBOX KEY DEPOSIT.....	\$ 2.
<b>Total</b>	<b>\$ 2.</b>

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**Statement 5**  
**Form 990, Part V**  
**List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
CRAIGE K. HOWLETT 1742 FREMONT STREET SANTA CLARA, CA 95050	Treasurer <1	\$ 0.	\$ 0.	\$ 0.
NANCY L. COBB 1400 ALTAMONT AVENUE, #350 SCHENECTADY, NY 13030	Vice President <1	0.	0.	0.
JAMES DAUGHERTY 19 VISTA LANE BURLINGAME, CA 94010-5934	Director <1	0.	0.	0.
KATHRYN DAUGHERTY 19 VISTA LANE BURLINGAME, CA 94010-5934	Secretary <1	0.	0.	0.
MARY-ELLEN (CRICKETT) FOX 3227 ROCKY WATER LANE SAN JOSE, CA 95148	Director <1	0.	0.	0.
DAVID W. GALLAHER 7100 SAN RAMON, #127 DUBLIN, CA 94568	President <1	0.	0.	0.
SARAH GOODMAN 1384 SKYLINE DRIVE DALY CITY, CA 94015-4734	Director <1	0.	0.	0.
CINDY SCOTT 969 ASILOMAR TERRACE, UNIT 6 SUNNYVALE, CA 94086-2438	Director <1	0.	0.	0.
MICHAEL F. SILADI 1757 PEARTREE LANE MOUNTAIN VIEW, CA 94040-3618	Director <1	0.	0.	0.
KEVIN STANDLEE P.O. BOX 64128 SUNNYVALE, CA 94088	Director <1	0.	0.	0.
TOM WHITMORE P.O. BOX 46665 SEATTLE, WA 98146-0665	Director <1	0.	0.	0.
Total		\$ 0.	\$ 0.	\$ 0.

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**Statement 6**  
**Form 990, Part VII, Line 93**  
**Program Service Revenue**

Program Service Revenue	(A) Busi- ness Code	(B) Unrelated Business Amount	(C) Exclu- sion Code	(D) Excluded Amount	(E) Related or Exempt Function
ANIME PROGRAM					\$ 3,000.
ART SHOW FEES & SALES					17,065.
CHILDCARE					939.
DEALER TABLE FEES					9,643.
FACILITIES SALES					5,903.
FOOD SALES					2,734.
MASQUERADE FEES					2,083.
MOBIE RENTALS					3,784.
PROGRAM BOOK ADS					4,500.
SALES TO MEMBERS					7,316.
TOURS & TRANSIT PASSES					2,427.
VIDEO ARCADE					320.
WRITER'S WORKSHOP FEES					1,065.
Total		\$ 0.		\$ 0.	\$ 60,779.

**Statement 7**  
**Schedule A, Part IV-A, Line 22**  
**Other Income**

Description	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
CREDIT CARD FEES	\$ 0.	\$ 1,416.	\$ 0.	\$ 0.	\$ 1,416.
Total	\$ 0.	\$ 1,416.	\$ 0.	\$ 0.	\$ 1,416.

DO NOT FILE

YEAR  
**2002**

# California Exempt Organization Annual Information Return

FORM  
**199**

For calendar or fiscal year beginning month 07 day 01 year 2002, and ending month 06 day 30 year 2003

**IMPORTANT: Your number is required.**

California corporation number <b>1683187</b>	Federal employer identification number <b>68-0247935</b>
---	---

**A** Final return?  Yes. Check applicable box.  No  
 Dissolved  Withdrawn  Merged/Reorganized (attach explanation)  
 If a box is checked, enter date ●

**Attach Preaddressed Label  
or See Instructions**

**B** Check forms filed this year: State:  109  100  100S  100W Fed:  990  
 Fed:  990EZ  990T  990PF  1041  1120H  1120

Corporation/Organization name  
**SAN FRANCISCO SCIENCE FICTION  
CONVENTIONS, INC.**

**C** If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. **See General Instruction F. No filing fee is required.** ●

Address  APT no.  PMB no.  
**POST OFFICE BOX 61363**

**D** Is this a group filing? See General Instruction M. . . . .  Yes  No

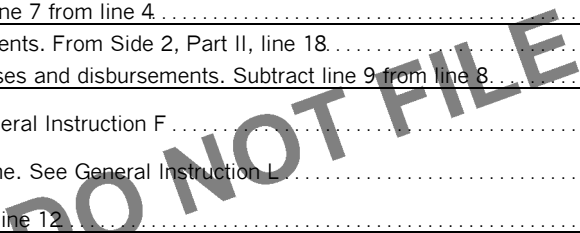
City State ZIP Code  
**SUNNYVALE, CA 94088-1363**

**E** Accounting method used . Accrual

**F** Type of organization  Exemption under Section 23701 d (insert letter)  
 IRC Section 4947(a)(1) trust

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

<b>Receipts and Revenues</b> <small>(Attach check or money order here.)</small>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8 . . . . . ●	1	62,642.
	2	Gross dues and assessments from members and affiliates . . . . . ●	2	223,479.
	3	Gross contributions, gifts, grants, and similar amounts received. See instructions . . . . . ●	3	
	4	Total gross receipts for filing requirement test. Add line 1 through line 3 <b>This line must be completed.</b> If the result is less than \$25,000, see General Instruction C. . . . . ●	4	286,121.
	5	Cost of goods sold . . . . .	5	
	6	Cost or other basis, and sales expenses of assets sold. . . . .	6	
	7	Total costs. Add line 5 and line 6 . . . . .	7	
	8	Total gross income. Subtract line 7 from line 4 . . . . .	8	286,121.
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18. . . . .	9	625,252.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. . . . .	10	-339,131.
<b>Filing Fee</b>	11	Filing fee \$10 or \$25. See General Instruction F. . . . .	11	10.
	12	Penalty for failure to file on time. See General Instruction L. . . . .	12	
	13	Balance due. Add line 11 and line 12. . . . .	13	10.



- 14** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. . . . .  Yes  No
- 15** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents . . . . .  Yes  No
- 16** Is the organization exempt under R&TC Section 23701g? . . . . .  Yes  No  
 If 'Yes,' enter amount of gross receipts from nonmember sources . . . \$ \_\_\_\_\_
- 17** Did the organization file Form 100, Form 100S, 100W, or Form 109 to report taxable income? . . . . .  Yes  No  
 If 'Yes,' enter amount of total income reported. . . . . \$ \_\_\_\_\_
- 18** The financial records are in care of . CRAIGE K. HOWLETT Daytime telephone 408-243-4054  
 located at 1742 FREMONT STREET, SANTA CLARA, CA 95050

**Please 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.

Signature of officer	Date	<b>Treasurer</b> Title	Daytime telephone
<u>Michael Stephen Schaffer</u>		● <u>408-243-4054</u>	

**Paid Preparer's Use Only**

Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN
<u>Michael Stephen Schaffer CPA</u>			● <u>P00210063</u>
Firm's name (or yours, if self-employed) and address		FEIN	
<u>19310 Vineyard Lane</u>			
<u>Saratoga, CA 95070-4545</u>		Daytime telephone	<u>(408) 973-9949</u>

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**Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts—complete Part II or furnish substitute information. See Specific Line Instructions.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions .....	1	
	2	Interest .....	2	1,863.
	3	Dividends .....	3	
	4	Gross rents .....	4	
	5	Gross royalties .....	5	
	6	Gross amount received from sale of assets .....	6	
	7	Other income. Attach schedule .....	7	60,779.
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 .....	8	62,642.
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule .....	9	30,750.
	10	Disbursements to or for members .....	10	
	11	Compensation of officers, directors, and trustees. Attach schedule ..	11	0.
	12	Other salaries and wages .....	12	
	13	Interest .....	13	
	14	Taxes .....	14	
	15	Rents .....	15	305,966.
	16	Depreciation and depletion .....	16	
	17	Other. Attach schedule .....	17	288,536.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 .....	18	625,252.

<b>Schedule L Balance Sheets</b>	<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
	<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>				
1 Cash .....		317,307.		91,496.
2 Net accounts receivable .....				
3 Net notes receivable. Attach schedule .....				
4 Inventories .....				
5 Federal and state government obligations .....				
6 Investments in other bonds. Attach schedule .....				
7 Investments in stock. Attach schedule .....				
8 Mortgage loans (number of loans .....				
9 Other investments. Attach schedule .....				
10a Depreciable assets .....	790.		790.	
b Less accumulated depreciation .....		790.		790.
11 Land .....				
12 Other assets. Attach schedule .....		112,454.		4.
13 <b>Total assets</b> .....		430,551.		92,290.
<b>Liabilities and net worth</b>				
14 Accounts payable .....		10.		880.
15 Contributions, gifts, or grants payable .....				
16 Bonds and notes payable. Attach schedule .....				
17 Mortgages payable .....				
18 Other liabilities. Attach schedule .....				
19 Capital stock or principle fund .....				
20 Paid-in or capital surplus. Attach reconciliation .....				
21 Retained earnings or income fund .....		430,541.		91,410.
22 <b>Total liabilities and net worth</b> .....		430,551.		92,290.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000			
1 Net income per books .....	-339,131.	7	Income recorded on books this year not included in this return. Attach schedule .....
2 Federal income tax .....		8	Deductions in this return not charged against book income this year. Attach schedule .....
3 Excess of capital losses over capital gains ..		9	Total. Add line 7 and line 8 .....
4 Income not recorded on books this year. Attach schedule .....		10	Net income per return. Subtract line 9 from line 6 .....
5 Expenses recorded on books this year not deducted in this return. Attach schedule .....			
6 Total. Add line 1 through line 5 .....	-339,131.		

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**Statement 1**  
**Form 199, Part II, Line 7**  
**Other Income**

Program Service Revenue.....	\$	60,779.
Total	\$	<u>60,779.</u>

**Statement 2**  
**Form 199, Part II, Line 9**  
**Contributions, Gifts, Grants, and Similar Amounts Paid**

Donee's Name:	Science Fiction Book Lovers	
Relationship of Donee:	None	
Amount Given:		\$ 750.
Donee's Name:	TORCON3	
Relationship of Donee:	NONE	
Amount Given:		10,000.
Donee's Name:	N4	
Relationship of Donee:	NONE	
Amount Given:		10,000.
Donee's Name:	INTERACTION	
Relationship of Donee:	NONE	
Amount Given:		10,000.
Total		\$ <u>30,750.</u>

**DO NOT FILE**

**Statement 3**  
**Form 199, Part II, Line 11**  
**Compensation of Officers, Directors, and Trustees**

Name, Address and Social Security Number	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
CRAIGE K. HOWLETT 1742 FREMONT STREET SANTA CLARA, CA 95050	Treasurer <1	\$ 0.	\$ 0.	\$ 0.
NANCY L. COBB 1400 ALTAMONT AVENUE, #350 SCHENECTADY, NY 13030	Vice President <1	0.	0.	0.
JAMES DAUGHERTY 19 VISTA LANE BURLINGAME, CA 94010-5934	Director <1	0.	0.	0.

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**Statement 3 (continued)**  
**Form 199, Part II, Line 11**  
**Compensation of Officers, Directors, and Trustees**

Name, Address and Social Security Number	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
KATHRYN DAUGHERTY 19 VISTA LANE BURLINGAME, CA 94010-5934	Secretary <1	\$ 0.	\$ 0.	\$ 0.
MARY-ELLEN (CRICKETT) FOX 3227 ROCKY WATER LANE SAN JOSE, CA 95148	Director <1	0.	0.	0.
DAVID W. GALLAHER 7100 SAN RAMON, #127 DUBLIN, CA 94568	President <1	0.	0.	0.
SARAH GOODMAN 1384 SKYLINE DRIVE DALY CITY, CA 94015-4734	Director <1	0.	0.	0.
CINDY SCOTT 969 ASILOMAR TERRACE, UNIT 6 SUNNYVALE, CA 94086-2438	Director <1	0.	0.	0.
MICHAEL F. SILADI 1757 PEARTREE LANE MOUNTAIN VIEW, CA 94040-3618	Director <1	0.	0.	0.
KEVIN STANDLEE P.O. BOX 64128 SUNNYVALE, CA 94088	Director <1	0.	0.	0.
TOM WHITMORE P.O. BOX 46665 SEATTLE, WA 98146-0665	Director <1	0.	0.	0.
Total		\$ 0.	\$ 0.	\$ 0.

DO NOT FILE

**Statement 4**  
**Form 199, Part II, Line 17**  
**Other Expenses**

ANIME PROGRAM.....	\$ 3,000.
ART SHOW RECEPTION.....	2,555.
BAD DEBTS.....	1,075.
BANK CHARGES.....	364.
BUSINESS MEETING.....	1,548.

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**Statement 4 (continued)**  
**Form 199, Part II, Line 17**  
**Other Expenses**

CEREMONIES STAGE DECORATION.....	\$	1,109.
CHILDCARE EXPENSES.....		12,890.
CURRENCY EXCHANGE.....		124.
DANCE - LIGHTING.....		200.
DANCE - SOUND.....		1,000.
Equipment Rental and Maintenance.....		38,355.
FILING FEES.....		20.
FIRST AID.....		2,749.
GUEST GIFTS.....		650.
GUEST HONORARIA.....		2,600.
HOSPITALITY EXPENSES.....		33,222.
HUGO AWARD STATUE FABRICATION.....		3,440.
HUGO NOMINEE CERTIFICATES.....		148.
HUGO PINS.....		277.
HUGO RECEPTION.....		4,291.
HUGO STAGE DECORATION.....		42.
ICE.....		2,475.
INSURANCE.....		8,705.
IT EXPENSES.....		3,246.
LICENSE FEES & PERMITS.....		25.
MASQUERADE AWARDS.....		450.
MASQUERADE CERTIFICATES.....		70.
MASQUERADE GREENROOM.....		1,343.
MASQUERADE PHOTOS.....		305.
MASQUERADE PROGRAMS.....		1,396.
MASQUERADE RIBBONS.....		200.
MERCHANT CREDIT CARD EXP.....		22,505.
MISCELLANEOUS.....		485.
PAYPAL FEES.....		2,052.
Postage and Shipping.....		8,549.
PRESENTATIONS.....		12.
Printing and Publications.....		64,921.
PROGRAMMING - TRACKS.....		8,772.
REPLACEMENT MUGS.....		1,072.
SIGN LANGUAGE INTERPRETERS.....		180.
SITE SELECTION.....		251.
STORAGE.....		3,565.
Supplies.....		18,546.
Telephone.....		8,019.
TRAFFIC CONTROL.....		4,080.
Travel.....		16,265.
WRITERS' WORKSHOP EXPENSES.....		1,388.
Total	\$	<u>288,536.</u>

**Statement 5**  
**Form 199, Schedule L, Line 12**  
**Other Assets**

MAILBOX KEY DEPOSIT.....		2.
Prepaid Expenses and Deferred Charges.....		2.
Total	\$	<u>4.</u>

CS

MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
Telephone: (916) 445-2021

WEBSITE ADDRESS:  
<http://ag.ca.gov/charities/>

# REGISTRATION/RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. Sections 311 and 312

Failure to submit this report annually no later than four months and fifteen days 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.



**RRF-1 EXTENSIONS WILL NOT BE GRANTED**

Enter State Charity Registration Number, Name, and Address of Organization: State Charity Registration Number <u>CT-81393</u> SAN FRANCISCO SCIENCE FICTION CONVENTIONS, INC. Name of Organization POST OFFICE BOX 61363 Address (Number and Street) SUNNYVALE, CA 94088-1363 City or Town State ZIP Code		Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report	
		Corporate or Organization No. <u>1683187</u>	
		Federal Employer ID No. <u>68-0247935</u>	

PART A – ACTIVITIES		Yes	No
1 During your most recent full accounting period did your gross receipts or total assets equal \$100,000 or more?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Note: If the answer is yes, you are required by Title 11 of the California Code of Regulations, Sections 311 and 312, to attach a check in the amount of \$25.00 to this report. Make check payable to Department of Justice.</b>			
2 For your most recent full accounting period (beginning <u>7/01/02</u> ending <u>6/30/03</u> ) list: Gross receipts \$ <u>286,121.</u> Total assets \$ <u>92,290.</u> Actual <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>			

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT		Yes	No
<b>Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 Instructions for information required.</b>			
1 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?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft embezzlement, diversion or misuse of the organization's charitable property or funds?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did nonprogram expenditures exceed at least 50% of gross revenues?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a professional fund-raiser or fund-raising counsel used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fund-raiser.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Organization's area code and telephone number <u>408-243-4054</u>			
Organization's e-mail address <u>CRAIGE@CRAIGE.COM</u>			

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer	CRAIGE K. HOWLETT	Treasurer	Date
	Printed Name	Title	