

2001 TAX RETURN

GOVERNMENT COPY

Client: SFSFC

Prepared for: SAN FRANCISCO SCIENCE FICTION
CONVENTIONS, INC.
POST OFFICE BOX 61363
SUNNYVALE, CA 94088-1363
408-243-4054

Prepared by: MICHAEL STEPHEN SCHAFFER
MICHAEL STEPHEN SCHAFFER CPA
19310 VINEYARD LANE
SARATOGA, CA 95070-4545
(408) 973-9949

Date: MAY 7, 2008

Comments:

FILE COPY

Route to: _____

MICHAEL STEPHEN SCHAFFER CPA
19310 VINEYARD LANE
SARATOGA, CA 95070-4545
(408) 973-9949

May 7, 2008

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

Dear Craige:

Enclosed is your 2001 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page six. No tax is payable with the filing of this return. Mail your Federal return as soon as possible to:

INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Enclosed is your 2001 California Exempt Organization Annual Information Return. The original should be signed at the bottom of page one. There is a balance due of \$10 payable as soon as possible. Mail the California return as soon as possible and make the check payable to:

FRANCHISE TAX BOARD
P.O. BOX 942857
SACRAMENTO, CA 94257-0701

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. No fee is payable with the filing of this report. Mail the California report as soon as possible to:

REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

Please be sure to call us if you have any questions.

Sincerely,

Michael Stephen Schaffer

MICHAEL STEPHEN SCHAFFER CPA
19310 VINEYARD LANE
SARATOGA, CA 95070-4545
(408) 973-9949

Client SFSFC
May 7, 2008

**SAN FRANCISCO SCIENCE FICTION
CONVENTIONS, INC.**
POST OFFICE BOX 61363
SUNNYVALE, CA 94088-1363
408-243-4054

FEDERAL FORMS

Form 990
Schedule A

2001 Return of Organization Exempt from Income Tax
Organization Exempt Under Section 501(c)(3)

CALIFORNIA FORMS

Form 199
Form RRF-1

2001 California Exempt Organization Return
2002 Registration/Renewal Fee Report

FEE SUMMARY

Preparation Fee
Computer Processing Charges

Amount Due

\$ 25.00
50.00
\$ 75.00

FILE COPY

Return of Organization Exempt from Income Tax

2001

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 2001 calendar year, or tax year beginning 7/01, 2001, and ending 6/30, 20 02

- 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 [X] Accrual [] Other (specify)

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

H and I are not applicable to Section 527 organizations. H (a) Is this a group return for affiliates? Yes [] No [X] H (b) If 'yes,' enter number of affiliates H (c) Are all affiliates included? Yes [] No [] H (d) Is this a separate return filed by an organization covered by a group ruling? Yes [] No [X] I Enter 4-digit group GEN M Check [X] if the organization is not required to attach Schedule B

G Web site: N/A

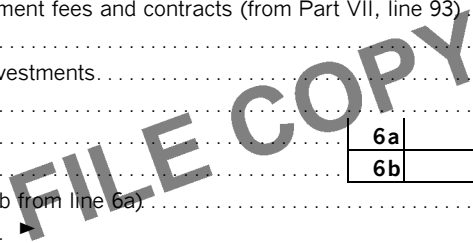
J Organization type (check only one) [X] 501(c) 3 (insert no.) 4947(a)(1) or 527

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 12 479,894.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

Table with columns for Revenue, Expenses, and Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.



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) (cash \$ _____ non-cash \$ _____).....	22				
23 Specific assistance to individuals (att sch).....	23				
24 Benefits paid to or for members (att sch).....	24				
25 Compensation of officers, directors, etc.....	25				
26 Other salaries and wages.....	26				
27 Pension plan contributions.....	27				
28 Other employee benefits.....	28				
29 Payroll taxes.....	29				
30 Professional fundraising fees.....	30				
31 Accounting fees.....	31	50.		50.	
32 Legal fees.....	32				
33 Supplies.....	33	5,032.	4,837.	195.	
34 Telephone.....	34	2,701.	2,701.		
35 Postage and shipping.....	35	5,123.	5,123.		
36 Occupancy.....	36	10,208.	10,208.		
37 Equipment rental and maintenance.....	37	166.	166.		
38 Printing and publications.....	38	16,447.	16,447.		
39 Travel.....	39	2,481.	2,481.		
40 Conferences, conventions, and meetings.....	40				
41 Interest.....	41				
42 Depreciation, depletion, etc (attach schedule).....	42				
43 Other expenses not covered above (itemize):					
a SEE STATEMENT 1.....	43a	24,909.	24,909.		
b.....	43b				
c.....	43c				
d.....	43d				
e.....	43e				
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15.....	44	67,117.	66,872.	245.	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 & section 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 AND ISSUANCE OF PUBLICATIONS FOR CONJOSE, THE 60TH WORLD SCIENCE FICTION CONVENTION, TO BE HELD IN SAN JOSE, CALIFORNIA IN 2002 (Grants and allocations \$ _____)	66,322.
b PAYMENT OF OUTSTANDING DEBT OBLIGATION FOR WESTERCON 52, THE WESTERN REGIONAL SCIENCE FICTION AND FANTASY CONFERENCE (Grants and allocations \$ _____)	550.
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).....	66,872.

Part IV Balance Sheets (See 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
A S S E T S	45 Cash — non-interest-bearing	82,375.	45	78,304.
	46 Savings and temporary cash investments	84,954.	46	239,003.
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts	1,895.	47 c	
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48 c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes & loans receivable (attach sch.)			
	b Less: allowance for doubtful accounts		51 c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	28,550.	53	652.
	54 Investments — securities (attach schedule)		54	
	<input type="checkbox"/> Cost <input type="checkbox"/> FMV			
	55 a Investments — land, buildings, & equipment: basis			
b Less: accumulated depreciation (attach schedule)		55 c		
56 Investments — other (attach schedule)		56		
57 a Land, buildings, and equipment: basis	790.			
b Less: accumulated depreciation (attach schedule)		57 c	790.	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 3)	880.	58	111,802.	
59 Total assets (add lines 45 through 58) (must equal line 74)	198,654.	59	430,551.	
L I A B I L I T I E S	60 Accounts payable and accrued expenses	23,588.	60	10.
	61 Grants payable		61	
	62 Deferred revenue	157,302.	62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe <input type="checkbox"/>)		65	
66 Total liabilities (add lines 60 through 65)	180,890.	66	10.	
N E T A S S E T S O R F U N D B A L A N C E S	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		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	17,764.	72	430,541.
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)	17,764.	73	430,541.	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	198,654.	74	430,551.	

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

a Total revenue, gains, and other support per audited financial statements.....	a	479,894.
b Amounts included on line a 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	
c Line a minus line b	c	479,894.
d Amounts included on line 12, Form 990 but not on line a :		
(1) Investment expenses not included on line 6b, Form 990..... \$		
(2) Other (specify):		
----- \$		
Add amounts on lines (1) and (2)...	d	
e Total revenue per line 12, Form 990 (line c plus line d).....	e	479,894.

a Total expenses and losses per audited financial statements.....	a	67,117.
b Amounts included on line a 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	
c Line a minus line b	c	67,117.
d Amounts included on line 17, Form 990 but not on line a :		
(1) Investment expenses not included on line 6b, Form 990..... \$		
(2) Other (specify):		
----- \$		
Add amounts on lines (1) and (2)...	d	
e Total expenses per line 17, Form 990 (line c plus line d).....	e	67,117.

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 4		0.	0.	0.

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 specific instructions.)

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 76 through 92 regarding organizational activities, financials, and tax status.

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 ART SHOW FEES & SALES					9,535.
b DEALER TABLE FEES					51,750.
c PROGRAM BOOK ADS					1,400.
d SALES TO MEMBERS					120.
e WRITER'S WORKSHOP FEE					250.
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					411,893.
95 Interest on savings & temporary cash invmnts			14	2,683.	
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))				2,683.	474,948.
105 Total (add line 104, columns (B), (D), and (E))					477,631.

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: _____

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 General Instruction W): P00210063

Firm's name (or yours if self-employed) and address, and ZIP + 4: MICHAEL STEPHEN SCHAFFER CPA
19310 VINEYARD LANE
SARATOGA, CA 95070-4545

EIN: _____ 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.)

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

2001

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 & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

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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
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. . . . ▶ \$ <u> </u> <u>N/A</u> <u> </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.		
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 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below.)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
Note: 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total			
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)		25,000.	1,237.	6,391.	32,628.			
16 Membership fees received	20,322.	128,013.	69,694.		218,029.			
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	8,772.	819.	23,474.	5,815.	38,880.			
18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	3,056.	63.	1,680.	287.	5,086.			
19 Net income from unrelated business activities not included in line 18								
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge								
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. SEE STMT. 5.	1,416.				1,416.			
23 Total of lines 15 through 22	33,566.	153,895.	96,085.	12,493.	296,039.			
24 Line 23 minus line 17	24,794.	153,076.	72,611.	6,678.	257,159.			
25 Enter 1% of line 23	336.	1,539.	961.	125.				
26 Organizations described on lines 10 or 11:								
a Enter 2% of amount in column (e), line 24	N/A.				26a			
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 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b			
c Total support for Section 509(a)(1) test: Enter line 24, column (e)					26c			
d Add: Amounts from column (e) for lines:	18 _____	19 _____			26d			
	22 _____	26b _____						
e Public support (line 26c minus line 26d total)					26e			
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %			
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:								
	(2000) _____	0.	(1999) _____	25,000.	(1998) _____	0.	(1997) _____	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 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:								
	(2000) _____	0.	(1999) _____	0.	(1998) _____	0.	(1997) _____	0.
c Add: Amounts from column (e) for lines:	15 _____	16 _____			27c			
	17 _____	20 _____	21 _____					
d Add: Line 27a total	25,000.		and line 27b total		0.	27d	289,537.	
e Public support (line 27c total minus line 27d total)					27e	25,000.		
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f	264,537.		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g	296,039.		
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h	89.36 %		
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, 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.						27h	1.72 %	

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		

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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.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)	(a) Affiliated group totals	(b) To be completed for all electing organizations
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 —		
Not over \$500,000	The lobbying nontaxable amount is —	
Over \$500,000 but not over \$1,000,000	20% of the amount on line 40	
Over \$1,000,000 but not over \$1,500,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,500,000 but not over \$17,000,000	\$175,000 plus 10% of the excess over \$1,000,000	41
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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities (See instructions.)
 (For reporting only by organizations that did not complete Part VI-A)

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 .)			

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:		
(i) Cash	51 a (i)	X
(ii) Other assets	a (ii)	X
b Other transactions:		
(i) Sales or exchanges of assets with a noncharitable exempt organization	b (i)	X
(ii) Purchases of assets from a noncharitable exempt organization	b (ii)	X
(iii) Rental of facilities, equipment, or other assets	b (iii)	X
(iv) Reimbursement arrangements	b (iv)	X
(v) Loans or loan guarantees	b (v)	X
(vi) Performance of services or membership or fundraising solicitations	b (vi)	X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c	X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

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52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If 'Yes,' complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

STATEMENT 1
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
ADVERTISING	350.	350.		
BAD DEBTS	978.	978.		
BANK CHARGES	92.	92.		
CURRENCY EXCHANGE	10,842.	10,842.		
GAVEL ENGRAVING	43.	43.		
HOSPITALITY EXPENSES	5,345.	5,345.		
IT EXPENSES	482.	482.		
LICENSE FEES & PERMITS	286.	286.		
MERCHANT CREDIT CARD EXP.	3,168.	3,168.		
SIGNS	450.	450.		
STORAGE	2,639.	2,639.		
WRITERS' WORKSHOP	234.	234.		
TOTAL	\$ 24,909.	\$ 24,909.	\$ 0.	\$ 0.

STATEMENT 2
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	\$ 790.	\$ 0.	\$ 790.
TOTAL	\$ 790.	\$ 0.	\$ 790.

STATEMENT 3
FORM 990, PART IV, LINE 58
OTHER ASSETS

CONVENTION CENTER DEPOSIT.....	\$ 111,000.
MAILBOX KEY DEPOSIT.....	2.
OFFICE SECURITY DEPOSITS.....	800.
TOTAL	\$ 111,802.

STATEMENT 4
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	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.

STATEMENT 4 (CONTINUED)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
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		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

STATEMENT 5
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 2000	(B) 1999	(C) 1998	(D) 1997	(E) TOTAL
CREDIT CARD FEES	\$ 1,416.	\$ 0.	\$ 0.	\$ 0.	\$ 1,416.
TOTAL	<u>\$ 1,416.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 1,416.</u>

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YEAR

2001

California Exempt Organization Annual Information Return

FORM

199

For calendar or fiscal year beginning month 07 day 01 year 2001, and ending month 06 day 30 year 2002

IMPORTANT: Your number is required.

California corporation number 1683187	Federal employer identification number 68-0247935
--	--

Attach Preaddressed Label or See Instructions

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

Address PMB no.
POST OFFICE BOX 61363

City State ZIP Code
SUNNYVALE, CA 94088-1363

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

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

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.** ●

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

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.

Receipts and Revenues <small>(Attach check or money order here.)</small>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8 ●	1	65,738.
	2	Gross dues and assessments from members and affiliates. ●	2	411,893.
	3	Gross contributions, gifts, grants, and similar amounts received. See instructions ●	3	2,263.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3 This line must be completed. If the result is less than \$25,000, see General Instruction C. . . . ●	4	479,894.
	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	479,894.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	67,117.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	412,777.
Filing Fee	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, 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.		TREASURER	
	Signature of officer	Date	Title	408-243-4054 Daytime telephone
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN P00210063
	Firm's name (or yours, if self-employed) and address	MICHAEL STEPHEN SCHAFFER CPA 19310 VINEYARD LANE SARATOGA, CA 95070-4545		FEIN
				Daytime telephone (408) 973-9949

CACA9712L 12/14/01

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.

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions	1	
	2 Interest	2	2,683.
	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 SEE STATEMENT .1	7	63,055.
	8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	65,738.
Expenses and Disbursements	9 Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	
	10 Disbursements to or for members	10	
	11 Compensation of officers, directors, and trustees. Attach schedule . . . SEE STATEMENT .2	11	0.
	12 Other salaries and wages	12	
	13 Interest	13	
	14 Taxes	14	
	15 Rents	15	10,208.
	16 Depreciation and depletion	16	
	17 Other. Attach schedule SEE STATEMENT .3	17	56,909.
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I line 9	18	67,117.

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		167,329.		317,307.
2 Net accounts receivable		1,895.		
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.	
b Less accumulated depreciation				790.
11 Land				
12 Other assets. Attach schedule ST. 4		29,430.		112,454.
13 Total assets		198,654.		430,551.
Liabilities and net worth				
14 Accounts payable		23,588.		10.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable. Attach schedule				
17 Mortgages payable				
18 Other liabilities. Attach schedule		157,302.		
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		17,764.		430,541.
22 Total liabilities and net worth		198,654.		430,551.

Schedule M-1 Reconciliation of income per books with income per return			
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	412,777.	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	412,777.
5 Expenses recorded on books this year not deducted in this return. Attach schedule			
6 Total. Add line 1 through line 5	412,777.		

STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

PROGRAM SERVICE REVENUE.....	\$	63,055.
TOTAL	\$	<u>63,055.</u>

STATEMENT 2
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.
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.

STATEMENT 2 (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
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		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

STATEMENT 3
FORM 199, PART II, LINE 17
OTHER EXPENSES

ACCOUNTING FEES.....	\$ 50.
ADVERTISING.....	350.
BAD DEBTS.....	978.
BANK CHARGES.....	92.
CURRENCY EXCHANGE.....	10,842.
EQUIPMENT RENTAL AND MAINTENANCE.....	166.
GAVEL ENGRAVING.....	43.
HOSPITALITY EXPENSES.....	5,345.
IT EXPENSES.....	482.
LICENSE FEES & PERMITS.....	286.
MERCHANT CREDIT CARD EXP.....	3,168.
POSTAGE AND SHIPPING.....	5,123.
PRINTING AND PUBLICATIONS.....	16,447.
SIGNS.....	450.
STORAGE.....	2,639.
SUPPLIES.....	5,032.
TELEPHONE.....	2,701.
TRAVEL.....	2,481.
WRITERS' WORKSHOP.....	234.
TOTAL	<u>\$ 56,909.</u>

STATEMENT 4
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

CONVENTION CENTER DEPOSIT.....	111,000.
MAILBOX KEY DEPOSIT.....	2.
OFFICE SECURITY DEPOSITS.....	800.
PREPAID EXPENSES AND DEFERRED CHARGES.....	652.
TOTAL	<u>\$ 112,454.</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/>

2002 REGISTRATION/RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 CCR 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 Below:

State Charity Registration Number _____

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:

- Change of address
- Initial report
- Amended report
- Final report

Corporate or Organization No. 1683187

Federal Employer ID No. 68-0247935

PART A – ACTIVITIES

1	During your most recent full accounting period did your gross receipts or total assets equal \$100,000 or more?	Yes	No
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
a 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.			
2	For your most recent full accounting period (beginning <u>7/01/01</u> ending <u>6/30/02</u>) list: Gross receipts \$ <u>479,894.</u> Total assets \$ <u>430,551.</u> Actual <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>		

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

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.

	Yes	No
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"/>

Organization's area code and telephone number 408-243-4054

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 _____ Printed Name CRAIGE K. HOWLETT Title TREASURER Date _____

Return of Organization Exempt from Income Tax

2001

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 2001 calendar year, or tax year beginning 7/01, 2001, and ending 6/30, 20 02

- 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 [X] Accrual [] Other (specify)

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

- 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? I Enter 4-digit group GEN M Check if the organization is not required to attach Schedule B

G Web site: N/A

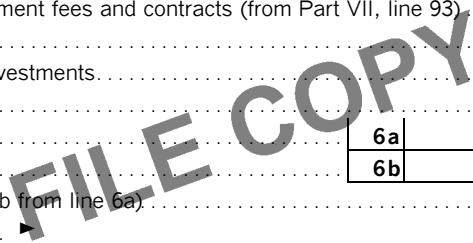
J Organization type (check only one) [X] 501(c) 3 (insert no.) 4947(a)(1) or 527

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 12 479,894.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

Table with columns for Revenue, Expenses, and Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.



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) (cash \$ _____ non-cash \$ _____).....	22				
23 Specific assistance to individuals (att sch).....	23				
24 Benefits paid to or for members (att sch).....	24				
25 Compensation of officers, directors, etc.....	25				
26 Other salaries and wages.....	26				
27 Pension plan contributions.....	27				
28 Other employee benefits.....	28				
29 Payroll taxes.....	29				
30 Professional fundraising fees.....	30				
31 Accounting fees.....	31	50.		50.	
32 Legal fees.....	32				
33 Supplies.....	33	5,032.	4,837.	195.	
34 Telephone.....	34	2,701.	2,701.		
35 Postage and shipping.....	35	5,123.	5,123.		
36 Occupancy.....	36	10,208.	10,208.		
37 Equipment rental and maintenance.....	37	166.	166.		
38 Printing and publications.....	38	16,447.	16,447.		
39 Travel.....	39	2,481.	2,481.		
40 Conferences, conventions, and meetings.....	40				
41 Interest.....	41				
42 Depreciation, depletion, etc (attach schedule).....	42				
43 Other expenses not covered above (itemize):					
a SEE STATEMENT 1.....	43a	24,909.	24,909.		
b.....	43b				
c.....	43c				
d.....	43d				
e.....	43e				
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15.....	44	67,117.	66,872.	245.	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 & section 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 AND ISSUANCE OF PUBLICATIONS FOR CONJOSE, THE 60TH WORLD SCIENCE FICTION CONVENTION, TO BE HELD IN SAN JOSE, CALIFORNIA IN 2002 (Grants and allocations \$ _____)	66,322.
b PAYMENT OF OUTSTANDING DEBT OBLIGATION FOR WESTERCON 52, THE WESTERN REGIONAL SCIENCE FICTION AND FANTASY CONFERENCE (Grants and allocations \$ _____)	550.
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).....	66,872.

Part IV Balance Sheets (See 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
A S S E T S	45 Cash — non-interest-bearing	82,375.	45	78,304.
	46 Savings and temporary cash investments	84,954.	46	239,003.
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts	1,895.	47 c	
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48 c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes & loans receivable (attach sch.)			
	b Less: allowance for doubtful accounts		51 c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	28,550.	53	652.
	54 Investments — securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments — land, buildings, & equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55 c	
56 Investments — other (attach schedule)		56		
57 a Land, buildings, and equipment: basis	790.			
b Less: accumulated depreciation (attach schedule)		57 c	790.	
58 Other assets (describe ▶ SEE STATEMENT 3)	880.	58	111,802.	
59 Total assets (add lines 45 through 58) (must equal line 74)	198,654.	59	430,551.	
L I A B I L I T I E S	60 Accounts payable and accrued expenses	23,588.	60	10.
	61 Grants payable		61	
	62 Deferred revenue	157,302.	62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe ▶)		65	
66 Total liabilities (add lines 60 through 65)	180,890.	66	10.	
N E T A S S E T S O R F U N D B A L A N C E S	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		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	17,764.	72	430,541.
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)	17,764.	73	430,541.	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	198,654.	74	430,551.	

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

a	Total revenue, gains, and other support per audited financial statements.	a	479,894.
b	Amounts included on line a 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	
c	Line a minus line b	c	479,894.
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990. . . . \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2).	d	
e	Total revenue per line 12, Form 990 (line c plus line d).	e	479,894.

a	Total expenses and losses per audited financial statements.	a	67,117.
b	Amounts included on line a 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	
c	Line a minus line b	c	67,117.
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990. . . . \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2).	d	
e	Total expenses per line 17, Form 990 (line c plus line d).	e	67,117.

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 4		0.	0.	0.

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 specific instructions.)

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 76 through 92 regarding organizational activities, financials, and tax status.

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 ART SHOW FEES & SALES					9,535.
b DEALER TABLE FEES					51,750.
c PROGRAM BOOK ADS					1,400.
d SALES TO MEMBERS					120.
e WRITER'S WORKSHOP FEE					250.
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					411,893.
95 Interest on savings & temporary cash invmnts			14	2,683.	
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))				2,683.	474,948.
105 Total (add line 104, columns (B), (D), and (E))					477,631.

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).

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: CRAIGE K. HOWLETT, 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 General Instruction W): P00210063

Firm's name (or yours if self-employed) and address, and ZIP + 4: MICHAEL STEPHEN SCHAFFER CPA
19310 VINEYARD LANE
SARATOGA, CA 95070-4545

EIN: _____ 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.)

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

2001

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 & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

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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

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. . . . ▶ \$ N/A

1 X

(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.

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 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below.) 3 X

4 Do you have a section 403(b) annuity plan for your employees? 4 X

Note: 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 X 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.)

Table with 2 columns: (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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)		25,000.	1,237.	6,391.	32,628.
16 Membership fees received	20,322.	128,013.	69,694.		218,029.
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	8,772.	819.	23,474.	5,815.	38,880.
18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	3,056.	63.	1,680.	287.	5,086.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. SEE STMT. 5.	1,416.				1,416.
23 Total of lines 15 through 22	33,566.	153,895.	96,085.	12,493.	296,039.
24 Line 23 minus line 17	24,794.	153,076.	72,611.	6,678.	257,159.
25 Enter 1% of line 23	336.	1,539.	961.	125.	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24 N/A . . . ▶				26a
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 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b
c Total support for Section 509(a)(1) test: Enter line 24, column (e) ▶					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total) ▶					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f %
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: (2000) _____ 0. (1999) _____ 25,000. (1998) _____ 0. (1997) _____ 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 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: (2000) _____ 0. (1999) _____ 0. (1998) _____ 0. (1997) _____ 0.					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c 289,537.
d Add: Line 27a total 25,000. and line 27b total 0.					27d 25,000.
e Public support (line 27c total minus line 27d total) ▶					27e 264,537.
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . ▶ 27f 296,039.					27f 296,039.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g 89.36 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h 1.72 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, 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		

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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.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)	(a) Affiliated group totals	(b) To be completed for all electing organizations
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 —		
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.		

4 -Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities (See instructions.)
 (For reporting only by organizations that did not complete Part VI-A)

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 .)			

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

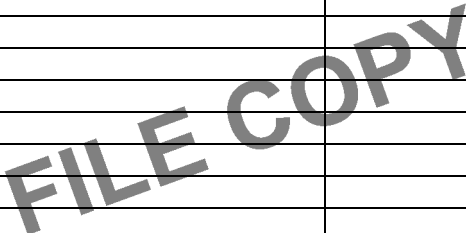
Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:		
	(i) Cash		X
	(ii) Other assets		X
b	Other transactions:		
	(i) Sales or exchanges of assets with a noncharitable exempt organization		X
	(ii) Purchases of assets from a noncharitable exempt organization		X
	(iii) Rental of facilities, equipment, or other assets		X
	(iv) Reimbursement arrangements		X
	(v) Loans or loan guarantees		X
	(vi) Performance of services or membership or fundraising solicitations		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			



52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If 'Yes,' complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

STATEMENT 1
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
ADVERTISING	350.	350.		
BAD DEBTS	978.	978.		
BANK CHARGES	92.	92.		
CURRENCY EXCHANGE	10,842.	10,842.		
GAVEL ENGRAVING	43.	43.		
HOSPITALITY EXPENSES	5,345.	5,345.		
IT EXPENSES	482.	482.		
LICENSE FEES & PERMITS	286.	286.		
MERCHANT CREDIT CARD EXP.	3,168.	3,168.		
SIGNS	450.	450.		
STORAGE	2,639.	2,639.		
WRITERS' WORKSHOP	234.	234.		
TOTAL	\$ 24,909.	\$ 24,909.	\$ 0.	\$ 0.

STATEMENT 2
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	\$ 790.	\$ 0.	\$ 790.
TOTAL	\$ 790.	\$ 0.	\$ 790.

STATEMENT 3
FORM 990, PART IV, LINE 58
OTHER ASSETS

CONVENTION CENTER DEPOSIT.....	\$ 111,000.
MAILBOX KEY DEPOSIT.....	2.
OFFICE SECURITY DEPOSITS.....	800.
TOTAL	\$ 111,802.

STATEMENT 4
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	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.

STATEMENT 4 (CONTINUED)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
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		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

STATEMENT 5
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 2000	(B) 1999	(C) 1998	(D) 1997	(E) TOTAL
CREDIT CARD FEES	\$ 1,416.	\$ 0.	\$ 0.	\$ 0.	\$ 1,416.
TOTAL	<u>\$ 1,416.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 1,416.</u>

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