

2005 TAX RETURN

GOVERNMENT COPY

**Client:** SFSFC

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

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

**Date:** MAY 7, 2008

**Comments:**

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**Route to:** \_\_\_\_\_

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

Client SFSFC  
May 7, 2008

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

**FEDERAL FORMS**

Form 990  
Schedule A

2005 Return of Organization Exempt from Income Tax  
Organization Exempt Under Section 501(c)(3)

**CALIFORNIA FORMS**

Form 199  
Form RRF-1

2005 California Exempt Organization Return  
2006 Registration/Renewal Fee Report

**FEE SUMMARY**

Preparation Fee  
Computer Processing Charges

\$ 100.00  
50.00

Amount Due

**\$ 150.00**

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Return of Organization Exempt From Income Tax

2005

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 7/01, 2005, and ending 6/30, 2006

- 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
F Accounting method: Cash, 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 Group Exemption Number
M Check if the organization is not required to attach Schedule B

G Web site: HTTP://WWW.SFSFC.ORG

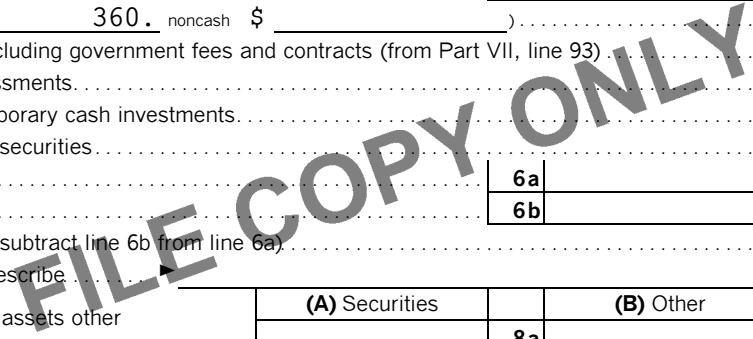
J Organization type (check only one) 501(c) 3

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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 1,413.

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

Table with columns for Revenue, Expenses, and Assets. Rows include contributions, program service revenue, membership dues, interest, dividends, gross rents, 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.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) SEE STM 1 (cash \$ 1,850. non-cash \$ )				
	If this amount includes foreign grants, check here <input type="checkbox"/>	22 1,850.	1,850.		
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 0.	0.	0.	0.
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 . . . . .	31 150.		150.	
32	Legal fees . . . . .	32			
33	Supplies . . . . .	33 529.	291.	238.	
34	Telephone . . . . .	34			
35	Postage and shipping . . . . .	35 55.		55.	
36	Occupancy . . . . .	36 1,724.	1,724.		
37	Equipment rental and maintenance . . . . .	37			
38	Printing and publications . . . . .	38			
39	Travel . . . . .	39			
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 2	43a 1,699.		1,699.	
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15) . . . . .	44 6,007.	3,865.	2,142.	0.

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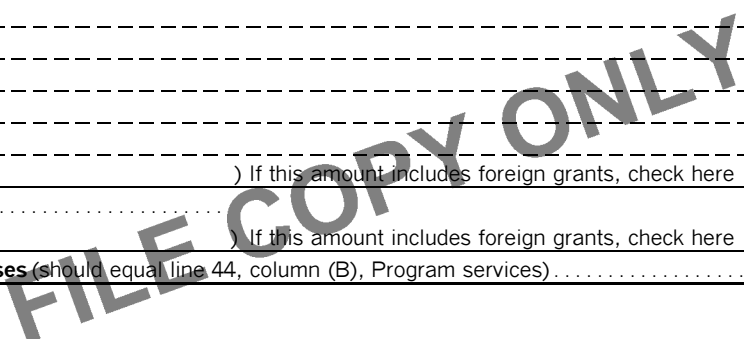
**Joint Costs.** Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments**

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

What is the organization's primary exempt purpose? ▶ <u>SEE STATEMENT 3</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>CONSTRUCTION 2005, HELD IN SAN JOSE IN JULY, 2005</u> ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	2,015.
b <u>GRANTS TO APPLICANTS FOR ATTENDANCE AT SPECIFIED CONVENTIONS, TO EXPLORE BIDDING ON AND OPERATING A SPECIFIED CONVENTION, OR TO SUPPORT A SPECIFIED CONVENTION.</u> ----- ----- ----- (Grants and allocations \$ 360. ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	1,850.
c ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services ..... (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ..... ▶	<b>3,865.</b>

BAA Form 990 (2005)



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

<b>Note:</b> <i>Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.</i>		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
<b>A S S E T S</b>	<b>45</b> Cash — non-interest-bearing .....	12,202.	<b>45</b>	7,296.
	<b>46</b> Savings and temporary cash investments .....	13,872.	<b>46</b>	14,184.
	<b>47 a</b> Accounts receivable .....	<b>47 a</b>		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>47 b</b>		<b>47 c</b>
	<b>48 a</b> Pledges receivable .....	<b>48 a</b>		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>48 b</b>		<b>48 c</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>51 a</b> Other notes & loans receivable (attach sch.) .....	<b>51 a</b>		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>51 b</b>		<b>51 c</b>
	<b>52</b> Inventories for sale or use .....		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges .....	3.	<b>53</b>	3.
	<b>54</b> Investments — securities (attach schedule) .....	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54</b>	
	<b>55 a</b> Investments — land, buildings, & equipment: basis .....	<b>55 a</b>		
	<b>b</b> Less: accumulated depreciation (attach schedule) .....	<b>55 b</b>		<b>55 c</b>
<b>56</b> Investments — other (attach schedule) .....		<b>56</b>		
<b>57 a</b> Land, buildings, and equipment: basis .....	<b>57 a</b>			
<b>b</b> Less: accumulated depreciation (attach schedule) .....	<b>57 b</b>		<b>57 c</b>	
<b>58</b> Other assets (describe ▶ <u>SEE STATEMENT 4</u> ) .....	2.	<b>58</b>	2.	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58 .....	26,079.	<b>59</b>	21,485.	
<b>L I A B I L I T I E S</b>	<b>60</b> Accounts payable and accrued expenses .....		<b>60</b>	
	<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>64 a</b> Tax-exempt bond liabilities (attach schedule) .....		<b>64 a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) .....		<b>64 b</b>	
<b>65</b> Other liabilities (describe ▶ _____ ) .....		<b>65</b>		
<b>66 Total liabilities.</b> Add lines 60 through 65 .....	0.	<b>66</b>	0.	
<b>N E T A S S E T S O R F U N D B A L A N C E S</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 .....	26,079.	<b>72</b>	21,485.
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) <b>must</b> equal line 19; column (B) <b>must</b> equal line 21) .....	26,079.	<b>73</b>	21,485.	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	26,079.	<b>74</b>	21,485.	

BAA

Form 990 (2005)

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements .....	<b>a</b>	1,413.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
	1 Net unrealized gains on investments .....	<b>b1</b>	
	2 Donated services and use of facilities .....	<b>b2</b>	
	3 Recoveries of prior year grants .....	<b>b3</b>	
	4 Other (specify): _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	1,413.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b .....	<b>d1</b>	
	2 Other (specify): _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	1,413.

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

<b>a</b>	Total expenses and losses per audited financial statements .....	<b>a</b>	6,007.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
	1 Donated services and use of facilities .....	<b>b1</b>	
	2 Prior year adjustments reported on Part I, line 20 .....	<b>b2</b>	
	3 Losses reported on Part I, line 20 .....	<b>b3</b>	
	4 Other (specify): _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	6,007.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b .....	<b>d1</b>	
	2 Other (specify): _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	6,007.

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**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the 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 plans	(E) Expense account and other allowances
SEE STATEMENT 5		0.	0.	0.





Part VI Other Information (continued)		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?.....		X
<b>b</b>	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.).....		
	82b N/A		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?.....	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?.....	X	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?.....		X
<b>b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.....		N/A
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members?.....		N/A
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?.....		N/A
	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.		
<b>c</b>	Dues, assessments, and similar amounts from members.....		N/A
<b>d</b>	Section 162(e) lobbying and political expenditures.....		N/A
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.....		N/A
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e).....		N/A
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?.....		N/A
<b>h</b>	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
<b>86</b>	<b>501(c)(7) organizations.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12.....		N/A
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities.....		N/A
<b>87</b>	<b>501(c)(12) organizations.</b> Enter: <b>a</b> Gross income from members or shareholders.....		N/A
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).....		N/A
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.....		X
<b>89a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
<b>b</b>	<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
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958..... ▶ 0.		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization..... ▶ 0.		
<b>90a</b>	List the states with which a copy of this return is filed ▶ CA		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.).....	90b	0
<b>91a</b>	The books are in care of ▶ CINDY SCOTT Telephone number ▶ (408) 733-3699 Located at ▶ 969 ASILOMAR TERRACE, UNIT 6, SUNNYVALE CA ZIP + 4 ▶ 94086-2438		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?..... If 'Yes,' enter the name of the foreign country ▶	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements		
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States?..... If 'Yes,' enter the name of the foreign country ▶	91c	X
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here..... N/A... ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year..... ▶ 92 N/A		

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

**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 CONSTRUCTION 2005 FEE					730.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees & contracts from government agencies . . .					
94 Membership dues and assessments . . .					
95 Interest on savings & temporary cash invmnts . .			14	323.	
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)) . . . . .				323.	730.
105 <b>Total</b> (add line 104, columns (B), (D), and (E)) . . . . .					1,053.

**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 the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
94	ATTENDANCE FEES FOR CONSTRUCTION 2005

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

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

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

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

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

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

**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: CINDY SCOTT, 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), 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 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

**2005**

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		

**Part II – A 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 II – B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

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

Part III Statements About Activities (See instructions.)

Yes No

Table with 3 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation... 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts... 2a. Sale, exchange, or leasing of property? 2b. Lending of money or other extension of credit? 2c. Furnishing of goods, services, or facilities? 2d. Payment of compensation... 2e. Transfer of any part of its income or assets? 3a. Do you make grants for scholarships... 3b. Do you have a section 403(b) annuity plan... 3c. During the year, did the organization receive a contribution... 4a. Did you maintain any separate account... 4b. Do you provide credit counseling...

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... (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income...
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). Check the box that describes the type of supporting organization: [ ] Type 1 [ ] Type 2 [ ] Type 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	4,478.			2,263.	6,741.
<b>16</b> Membership fees received . . . . .		1,949.	223,479.	411,893.	637,321.
<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 . . . . .		125.	60,779.	63,055.	123,959.
<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 . . . . .	267.	439.	1,863.	2,683.	5,252.
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .					0.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					0.
<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 . . . . .					0.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .					0.
<b>23</b> Total of lines 15 through 22 . . . . .	4,745.	2,513.	286,121.	479,894.	773,273.
<b>24</b> Line 23 minus line 17 . . . . .	4,745.	2,388.	225,342.	416,839.	649,314.
<b>25</b> Enter 1% of line 23 . . . . .	47.	25.	2,861.	4,799.	

<b>26 Organizations described on lines 10 or 11:</b>	a Enter 2% of amount in column (e), line 24 . . . . .	N/A	▶	<b>26a</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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts . . . . .		▶	<b>26b</b>	
	c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . .		▶	<b>26c</b>	
	d Add: Amounts from column (e) for lines: <b>18</b> _____ <b>19</b> _____ <b>22</b> _____ <b>26b</b> _____			<b>26d</b>	
	e Public support (line 26c minus line 26d total) . . . . .		▶	<b>26e</b>	
	<b>f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . .</b>		▶	<b>26f</b>	%

<b>27 Organizations described on line 12:</b>	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: (2004) _____ 0. (2003) _____ 0. (2002) _____ 0. (2001) _____ 0.				
	b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) _____ 0. (2003) _____ 0. (2002) _____ 0. (2001) _____ 0.				
	c Add: Amounts from column (e) for lines: <b>15</b> _____ <b>16</b> _____ <b>17</b> _____ <b>20</b> _____ <b>21</b> _____			<b>27c</b>	768,021.
	d Add: Line 27a total . . . . . 0. and line 27b total . . . . . 0.			<b>27d</b>	0.
	e Public support (line 27c total minus line 27d total) . . . . .		▶	<b>27e</b>	768,021.
	f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . . .		▶	<b>27f</b>	773,273.
	<b>g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . .</b>		▶	<b>27g</b>	99.32 %
	<b>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . .</b>		▶	<b>27h</b>	0.68 %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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. ....		

FILE COPY ONLY

**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>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
<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>		
	<b>The lobbying nontaxable amount 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 .....	<b>41</b>
	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) 2005	(b) 2004	(c) 2003	(d) 2002	(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.





**STATEMENT 1**  
**FORM 990, PART II, LINE 22**  
**GRANTS AND ALLOCATIONS**

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY:	SMOFCON 2005 GRANT		
DONEE'S NAME:	MIKE HIGASHI		
DONEE'S ADDRESS:	1460 KILDARE WAY PINOLE, CA 94564		
AMOUNT GIVEN:		\$	300.
CLASS OF ACTIVITY:	SMOFCON 2005 GUEST GRANT		
DONEE'S NAME:	OR SCIENCE FICTION CONVENTIONS		
DONEE'S ADDRESS:	POST OFFICE BOX 5703 PORTLAND, OR 97228		
AMOUNT GIVEN:			250.
CLASS OF ACTIVITY:	SMOFCON 2005 GRANT		
DONEE'S NAME:	WILL WARRINER		
DONEE'S ADDRESS:	1130 L STREET DAVIS, CA 95616		
AMOUNT GIVEN:			300.
CLASS OF ACTIVITY:	WORLD FANTASY EXPLORATION		
DONEE'S NAME:	DAVID GALLAHER		
DONEE'S ADDRESS:	6133 GENOA TERRACE FREMONT, CA 94555		
AMOUNT GIVEN:			500.
CLASS OF ACTIVITY:	WEB HOSTING		
DONEE'S NAME:	TONY CRATZ		
DONEE'S ADDRESS:	215 CALIFORNIA STREET SUISUN CITY, CA 94585		
AMOUNT GIVEN:			250.
CLASS OF ACTIVITY:	SILICONVENTIONS, INC.		
DONEE'S NAME:	DIABETES SOCIETY OF SCV		
DONEE'S ADDRESS:	165 LINCOLN AVENUE, SUITE 300 SAN JOSE, CA 95125		
AMOUNT GIVEN:			250.
	TOTAL GRANTS AND ALLOCATIONS \$		<u>1,850.</u>

**STATEMENT 2**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
BANK CHARGES	5.		5.	
CREDIT CARD TRANSACTION FEES	482.		482.	
ENTERTAINMENT	100.		100.	
FILING FEES	10.		10.	
INTERNET	206.		206.	
MEETING EXPENSES	169.		169.	

**STATEMENT 2 (CONTINUED)**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
MISCELLANEOUS	11.		11.	
PENALTIES	118.		118.	
STORAGE UNIT	598.		598.	
<b>TOTAL</b>	<b>\$ 1,699.</b>	<b>\$ 0.</b>	<b>\$ 1,699.</b>	<b>\$ 0.</b>

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

TO PROMOTE SCIENCE FICTION AND FANTASY IN ALL ITS FORMS.

**STATEMENT 4**  
**FORM 990, PART IV, LINE 58**  
**OTHER ASSETS**

MAIL BOX KEY DEPOSIT..... TOTAL \$ 2.  
TOTAL \$ 2.

**STATEMENT 5**  
**FORM 990, PART V-A**  
**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 3150 RUBINO DRIVE #203 SAN JOSE, CA 95125-6386	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.
NANCY L. COBB 1400 ALTAMONT AVENUE, #350 SCHENECTADY, NY 12303-2900	VICE PRESIDENT 0	0.	0.	0.
JAN PRICE 11424 ENCORE DRIVE SILVER SPRING, MD 20901-5043	DIRECTOR 0	0.	0.	0.
TOMOKO SHINTANI STOCKSIEK 1323 NELSON WAY SUNNYVALE, CA 94087-3136	DIRECTOR 0	0.	0.	0.

**STATEMENT 5 (CONTINUED)**  
**FORM 990, PART V-A**  
**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
WOLFGANG COE 2602 FOREST HILL DRIVE SAN JOSE, CA 95130-2207	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.
DAVID W. GALLAHER 6133 GENOA TERRACE FREMONT, CA 94555-1834	PRESIDENT 0	0.	0.	0.
DAVID W. CLARK 2804 STUART STREET BERKELY, CA 94705-1320	DIRECTOR 0	0.	0.	0.
CINDY SCOTT 969 ASILOMAR TERRACE, UNIT 6 SUNNYVALE, CA 94086-2438	TREASURER 0	0.	0.	0.
JAMES BRIGGS POST OFFICE BOX 845 RAMONA, CA 92065-0845	DIRECTOR 0	0.	0.	0.
KEVIN STANDLEE POST OFFICE BOX 64128 SUNNYVALE, CA 94088-1428	SECRETARY 0	0.	0.	0.
TOM WHITMORE POST OFFICE BOX 1169 BERKELEY, CA 94701-1169	DIRECTOR 0	0.	0.	0.
TOTAL		\$ 0.	\$ 0.	\$ 0.

YEAR  
**2005**

# California Exempt Organization Annual Information Return

FORM  
**199**

For calendar or fiscal year beginning month 07 day 01 year 2005, and ending month 06 day 30 year 2006

**IMPORTANT: Your number is required.**

California corporation number 1683187 Federal employer identification number (FEIN) 68-0247935

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

Address POST OFFICE BOX 61363 PMB no.

City SUNNYVALE, CA State CA ZIP Code 94088-1363

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

**B** Check forms filed this year: State:  109  100  100S  100W 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 N.  Yes  No

**E** Accounting method used. ACCRUAL

**F** Type of organization  Exempt 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>(Enclose, but do not staple, any payment.)</small>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,053.
	2	Gross dues and assessments from members and affiliates	2	
	3	Gross contributions, gifts, grants, and similar amounts received. See instructions	3	360.
	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	1,413.
	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	1,413.
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	6,007.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-4,594.
<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	Use tax. See instructions	13	
	14	Balance due. Add line 11, line 12, and line 13.	14	10.

**15** 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

**16** 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

**17** Is the organization exempt under R&TC Section 23701g?  Yes  No  
If 'Yes,' enter amount of gross receipts from nonmember sources. . . \$ \_\_\_\_\_

**18** 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. . . . \$ \_\_\_\_\_

**19** The financial records are in care of. CINDY SCOTT Daytime telephone (408) 733-3699  
located at 969 ASILOMAR TERRACE, UNIT 6 94086-2438

**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 \_\_\_\_\_  
Title TREASURER  
Daytime telephone \_\_\_\_\_

**Paid Preparer's Use Only**  
Paid Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Paid 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

**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>	<b>1</b> Gross sales or receipts from all business activities. See instructions . . . . .	<b>1</b>	
	<b>2</b> Interest . . . . .	<b>2</b>	323.
	<b>3</b> Dividends . . . . .	<b>3</b>	
	<b>4</b> Gross rents . . . . .	<b>4</b>	
	<b>5</b> Gross royalties . . . . .	<b>5</b>	
	<b>6</b> Gross amount received from sale of assets . . . . .	<b>6</b>	
	<b>7</b> Other income. Attach schedule . . . . . SEE STATEMENT 1 . . . . .	<b>7</b>	730.
	<b>8 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 . . . . .	<b>8</b>	1,053.
<b>Expenses and Disbursements</b>	<b>9</b> Contributions, gifts, grants, and similar amounts paid. Attach schedule . . . . . SEE STATEMENT 2 . . . . .	<b>9</b>	1,850.
	<b>10</b> Disbursements to or for members . . . . .	<b>10</b>	
	<b>11</b> Compensation of officers, directors, and trustees. Attach schedule . . . . . SEE STATEMENT 3 . . . . .	<b>11</b>	0.
	<b>12</b> Other salaries and wages . . . . .	<b>12</b>	
	<b>13</b> Interest . . . . .	<b>13</b>	
	<b>14</b> Taxes . . . . .	<b>14</b>	
	<b>15</b> Rents . . . . .	<b>15</b>	1,724.
	<b>16</b> Depreciation and depletion . . . . .	<b>16</b>	
	<b>17</b> Other. Attach schedule . . . . . SEE STATEMENT 4 . . . . .	<b>17</b>	2,433.
	<b>18 Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 . . . . .	<b>18</b>	6,007.

<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>				
<b>1</b> Cash . . . . .		26,074.		21,480.
<b>2</b> Net accounts receivable . . . . .				
<b>3</b> Net notes receivable. Attach schedule . . . . .				
<b>4</b> Inventories . . . . .				
<b>5</b> Federal and state government obligations . . . . .				
<b>6</b> Investments in other bonds. Attach schedule . . . . .				
<b>7</b> Investments in stock. Attach schedule . . . . .				
<b>8</b> Mortgage loans (number of loans . . . . .)				
<b>9</b> Other investments. Attach schedule . . . . .				
<b>10a</b> Depreciable assets . . . . .				
<b>b</b> Less accumulated depreciation . . . . .				
<b>11</b> Land . . . . .				
<b>12</b> Other assets. Attach schedule . . . . . ST. 5 . . . . .		5.		5.
<b>13 Total</b> assets . . . . .		26,079.		21,485.
<b>Liabilities and net worth</b>				
<b>14</b> Accounts payable . . . . .				
<b>15</b> Contributions, gifts, or grants payable . . . . .				
<b>16</b> Bonds and notes payable. Attach schedule . . . . .				
<b>17</b> Mortgages payable . . . . .				
<b>18</b> Other liabilities. Attach schedule . . . . .				
<b>19</b> Capital stock or principle fund . . . . .				
<b>20</b> Paid-in or capital surplus. Attach reconciliation . . . . .				
<b>21</b> Retained earnings or income fund . . . . .		26,079.		21,485.
<b>22 Total</b> liabilities and net worth . . . . .		26,079.		21,485.

<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			
<b>1</b> Net income per books . . . . .		<b>7</b> Income recorded on books this year not included in this return. Attach schedule . . . . .	
<b>2</b> Federal income tax . . . . .		<b>8</b> Deductions in this return not charged against book income this year. Attach schedule . . . . .	
<b>3</b> Excess of capital losses over capital gains . . . . .		<b>9</b> Total. Add line 7 and line 8 . . . . .	
<b>4</b> Income not recorded on books this year. Attach schedule . . . . .		<b>10</b> Net income per return. Subtract line 9 from line 6 . . . . .	
<b>5</b> Expenses recorded on books this year not deducted in this return. Attach schedule . . . . .			
<b>6</b> Total. Add line 1 through line 5 . . . . .			

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

PROGRAM SERVICE REVENUE.....	\$	730.
	TOTAL	<u>\$ 730.</u>

**STATEMENT 2**  
**FORM 199, PART II, LINE 9**  
**CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY:	SMOFCON 2005 GRANT	
DONEE'S NAME:	MIKE HIGASHI	
DONEE'S STREET ADDRESS:	1460 KILDARE WAY	
DONEE'S CITY, STATE, ZIP:	PINOLE, CA 94564	
AMOUNT GIVEN:		\$ 300.

CLASS OF ACTIVITY:	SMOFCON 2005 GUEST GRANT	
DONEE'S NAME:	OR SCIENCE FICTION CONVENTIONS	
DONEE'S STREET ADDRESS:	POST OFFICE BOX 5703	
DONEE'S CITY, STATE, ZIP:	PORTLAND, OR 97228	
AMOUNT GIVEN:		250.

CLASS OF ACTIVITY:	SMOFCON 2005 GRANT	
DONEE'S NAME:	WILL WARRINER	
DONEE'S STREET ADDRESS:	1130 L STREET	
DONEE'S CITY, STATE, ZIP:	DAVIS, CA 95616	
AMOUNT GIVEN:		300.

CLASS OF ACTIVITY:	WORLD FANTASY EXPLORATION	
DONEE'S NAME:	DAVID GALLAHER	
DONEE'S STREET ADDRESS:	6133 GENOA TERRACE	
DONEE'S CITY, STATE, ZIP:	FREMONT, CA 94555	
AMOUNT GIVEN:		500.

CLASS OF ACTIVITY:	WEB HOSTING	
DONEE'S NAME:	TONY CRATZ	
DONEE'S STREET ADDRESS:	215 CALIFORNIA STREET	
DONEE'S CITY, STATE, ZIP:	SUISUN CITY, CA 94585	
AMOUNT GIVEN:		250.

CLASS OF ACTIVITY:	SILICONVENTIONS, INC.	
DONEE'S NAME:	DIABETES SOCIETY OF SCV	
DONEE'S STREET ADDRESS:	165 LINCOLN AVENUE, SUITE 300	
DONEE'S CITY, STATE, ZIP:	SAN JOSE, CA 95125	
AMOUNT GIVEN:		250.

	TOTAL	<u>\$ 1,850.</u>
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STATEMENT 3  
FORM 199, PART II, LINE 11  
COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
CRAIGE K. HOWLETT 3150 RUBINO DRIVE #203 SAN JOSE, CA 95125-6386	DIRECTOR NONE	\$ 0.	\$ 0.	\$ 0.
NANCY L. COBB 1400 ALTAMONT AVENUE, #350 SCHENECTADY, NY 12303-2900	VICE PRESIDENT NONE	0.	0.	0.
JAN PRICE 11424 ENCORE DRIVE SILVER SPRING, MD 20901-5043	DIRECTOR NONE	0.	0.	0.
TOMOKO SHINTANI STOCKSIEK 1323 NELSON WAY SUNNYVALE, CA 94087-3136	DIRECTOR NONE	0.	0.	0.
WOLFGANG COE 2602 FOREST HILL DRIVE SAN JOSE, CA 95130-2207	DIRECTOR NONE	0.	0.	0.
DAVID W. GALLAHER 6133 GENOA TERRACE FREMONT, CA 94555-1834	PRESIDENT NONE	0.	0.	0.
DAVID W. CLARK 2804 STUART STREET BERKELY, CA 94705-1320	DIRECTOR NONE	0.	0.	0.
CINDY SCOTT 969 ASILOMAR TERRACE, UNIT 6 SUNNYVALE, CA 94086-2438	TREASURER NONE	0.	0.	0.
JAMES BRIGGS POST OFFICE BOX 845 RAMONA, CA 92065-0845	DIRECTOR NONE	0.	0.	0.
KEVIN STANDLEE POST OFFICE BOX 64128 SUNNYVALE, CA 94088-1428	SECRETARY NONE	0.	0.	0.
TOM WHITMORE POST OFFICE BOX 1169 BERKELEY, CA 94701-1169	DIRECTOR NONE	0.	0.	0.
TOTAL		\$ 0.	\$ 0.	\$ 0.

**STATEMENT 4**  
**FORM 199, PART II, LINE 17**  
**OTHER EXPENSES**

ACCOUNTING FEES.....	\$	150.
BANK CHARGES.....		5.
CREDIT CARD TRANSACTION FEES.....		482.
ENTERTAINMENT.....		100.
FILING FEES.....		10.
INTERNET.....		206.
MEETING EXPENSES.....		169.
MISCELLANEOUS.....		11.
PENALTIES.....		118.
POSTAGE AND SHIPPING.....		55.
STORAGE UNIT.....		598.
SUPPLIES.....		529.
	TOTAL \$	<u>2,433.</u>

**STATEMENT 5**  
**FORM 199, SCHEDULE L, LINE 12**  
**OTHER ASSETS**

MAIL BOX KEY DEPOSIT.....		2.
PREPAID EXPENSES AND DEFERRED CHARGES.....		3.
	TOTAL \$	<u>5.</u>

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IN  
**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/>

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

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 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. IRS extensions will be honored.



<b>State Charity Registration Number</b> <u>CT-81393</u> <b>SAN FRANCISCO SCIENCE FICTION CONVENTIONS, INC.</b> <small>Name of Organization</small> <u>POST OFFICE BOX 61363</u> <small>Address (Number and Street)</small> <u>SUNNYVALE, CA 94088-1363</u> <small>City or Town State ZIP Code</small>	<b>Check if:</b> <input type="checkbox"/> <b>Change of address</b> <input type="checkbox"/> <b>Amended report</b>  <b>Corporate or Organization No.</b> <u>1683187</u>  <b>Federal Employer ID No.</b> <u>68-0247935</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
**Make Check Payable to Attorney General's Registry of Charitable Trusts**

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A – ACTIVITIES**

For your most recent full accounting period (beginning 7/01/05 ending 6/30/06) list:  
 Gross annual revenue \$ 1,413. Total assets \$ 21,485.

**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 non-program expenditures exceed 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 commercial fundraiser or fundraising counsel for charitable purposes 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 fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Organization's area code and telephone number \_\_\_\_\_  
 Organization's e-mail address INFO@SFSFC.ORG

**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.**

CINDY SCOTT	TREASURER	
<small>Signature of authorized officer</small>	<small>Printed Name</small>	<small>Title</small>
		<small>Date</small>

Return of Organization Exempt From Income Tax

2005

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 7/01, 2005, and ending 6/30, 2006

- 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
F Accounting method: Cash, 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
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
I Group Exemption Number
M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site: HTTP://WWW.SFSFC.ORG

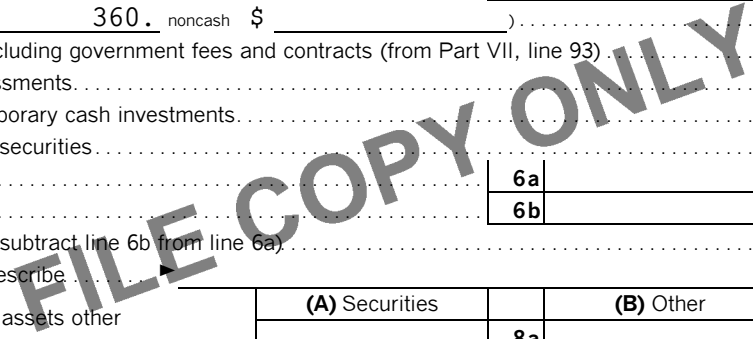
J Organization type (check only one) 501(c) 3 (insert no.) 4947(a)(1) or 527

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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 1,413.

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

Table with columns for Revenue, Expenses, and Assets. Rows include contributions, program service revenue, membership dues, interest, dividends, gross rents, 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.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) SEE STM 1 (cash \$ 1,850. non-cash \$ )				
	If this amount includes foreign grants, check here <input type="checkbox"/>	22 1,850.	1,850.		
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 0.	0.	0.	0.
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 . . . . .	31 150.		150.	
32	Legal fees . . . . .	32			
33	Supplies . . . . .	33 529.	291.	238.	
34	Telephone . . . . .	34			
35	Postage and shipping . . . . .	35 55.		55.	
36	Occupancy . . . . .	36 1,724.	1,724.		
37	Equipment rental and maintenance . . . . .	37			
38	Printing and publications . . . . .	38			
39	Travel . . . . .	39			
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 2	43a 1,699.		1,699.	
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15) . . . . .	44 6,007.	3,865.	2,142.	0.

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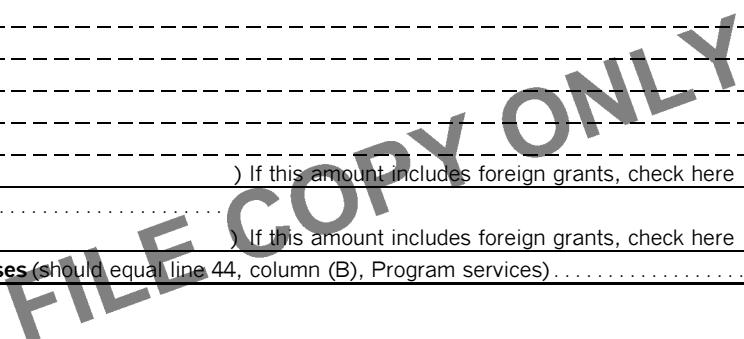
**Joint Costs.** Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments**

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

What is the organization's primary exempt purpose? ▶ <u>SEE STATEMENT 3</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>CONSTRUCTION 2005, HELD IN SAN JOSE IN JULY, 2005</u> ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	2,015.
b <u>GRANTS TO APPLICANTS FOR ATTENDANCE AT SPECIFIED CONVENTIONS, TO EXPLORE BIDDING ON AND OPERATING A SPECIFIED CONVENTION, OR TO SUPPORT A SPECIFIED CONVENTION.</u> ----- ----- ----- (Grants and allocations \$ 360. ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	1,850.
c ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services ..... (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ..... ▶	<b>3,865.</b>

BAA Form 990 (2005)



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

<b>Note:</b> <i>Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.</i>		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
<b>A S S E T S</b>	<b>45</b> Cash — non-interest-bearing .....	12,202.	<b>45</b>	7,296.
	<b>46</b> Savings and temporary cash investments .....	13,872.	<b>46</b>	14,184.
	<b>47 a</b> Accounts receivable .....	<b>47 a</b>		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>47 b</b>		<b>47 c</b>
	<b>48 a</b> Pledges receivable .....	<b>48 a</b>		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>48 b</b>		<b>48 c</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>51 a</b> Other notes & loans receivable (attach sch.) .....	<b>51 a</b>		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>51 b</b>		<b>51 c</b>
	<b>52</b> Inventories for sale or use .....		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges .....	3.	<b>53</b>	3.
	<b>54</b> Investments — securities (attach schedule) .....	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54</b>	
	<b>55 a</b> Investments — land, buildings, & equipment: basis .....	<b>55 a</b>		
	<b>b</b> Less: accumulated depreciation (attach schedule) .....	<b>55 b</b>		<b>55 c</b>
<b>56</b> Investments — other (attach schedule) .....		<b>56</b>		
<b>57 a</b> Land, buildings, and equipment: basis .....	<b>57 a</b>			
<b>b</b> Less: accumulated depreciation (attach schedule) .....	<b>57 b</b>		<b>57 c</b>	
<b>58</b> Other assets (describe ▶ <u>SEE STATEMENT 4</u> ) .....	2.	<b>58</b>	2.	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58 .....	26,079.	<b>59</b>	21,485.	
<b>L I A B I L I T I E S</b>	<b>60</b> Accounts payable and accrued expenses .....		<b>60</b>	
	<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>64 a</b> Tax-exempt bond liabilities (attach schedule) .....		<b>64 a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) .....		<b>64 b</b>	
<b>65</b> Other liabilities (describe ▶ _____ ) .....		<b>65</b>		
<b>66 Total liabilities.</b> Add lines 60 through 65 .....	0.	<b>66</b>	0.	
<b>N E T A S S E T S O R F U N D B A L A N C E S</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 .....	26,079.	<b>72</b>	21,485.
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) <b>must</b> equal line 19; column (B) <b>must</b> equal line 21) .....	26,079.	<b>73</b>	21,485.
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	26,079.	<b>74</b>	21,485.

BAA

Form 990 (2005)

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements .....	<b>a</b>	1,413.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
	1 Net unrealized gains on investments .....	<b>b1</b>	
	2 Donated services and use of facilities .....	<b>b2</b>	
	3 Recoveries of prior year grants .....	<b>b3</b>	
	4 Other (specify): _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	1,413.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b .....	<b>d1</b>	
	2 Other (specify): _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	1,413.

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

<b>a</b>	Total expenses and losses per audited financial statements .....	<b>a</b>	6,007.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
	1 Donated services and use of facilities .....	<b>b1</b>	
	2 Prior year adjustments reported on Part I, line 20 .....	<b>b2</b>	
	3 Losses reported on Part I, line 20 .....	<b>b3</b>	
	4 Other (specify): _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	6,007.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b .....	<b>d1</b>	
	2 Other (specify): _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	6,007.

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**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the 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 plans	(E) Expense account and other allowances
SEE STATEMENT 5		0.	0.	0.

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> <i>(continued)</i>	Yes	No
<b>75a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings .. ▶ <u>11</u>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Note.</b> Related organizations include section 509(a)(3) supporting organizations.  If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Does the organization have a written conflict of interest policy? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

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<b>Part VI Other Information</b> <i>(See the instructions.)</i>	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year? .....	<input type="checkbox"/>	N/A
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>80a</b> 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? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If 'Yes,' enter the name of the organization ▶ <u>N/A</u> .....	<input type="checkbox"/>	<input type="checkbox"/>
..... and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.	<input type="checkbox"/>	<input type="checkbox"/>
<b>81a</b> Enter direct and indirect political expenditures. (See line 81 instructions.) .....	<input type="checkbox"/>	<input type="checkbox"/>
..... <b>81a</b> <u>0.</u>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part VI Other Information (continued)

		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?.....		X
<b>b</b>	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.).....		
	82b N/A		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?.....	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?.....	X	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?.....		X
<b>b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.....		N/A
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members?.....		N/A
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?.....		N/A
	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.		
<b>c</b>	Dues, assessments, and similar amounts from members.....	85c	N/A
<b>d</b>	Section 162(e) lobbying and political expenditures.....	85d	N/A
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.....	85e	N/A
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e).....	85f	N/A
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?.....	85g	N/A
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?.....	85h	N/A
<b>86</b>	<b>501(c)(7) organizations.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12.....	86a	N/A
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities.....	86b	N/A
<b>87</b>	<b>501(c)(12) organizations.</b> Enter: <b>a</b> Gross income from members or shareholders.....	87a	N/A
<b>b</b>	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
<b>88</b>	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.....	88	X
<b>89a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
<b>b</b>	<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.....	89b	X
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958..... ▶ 0.		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization..... ▶ 0.		
<b>90a</b>	List the states with which a copy of this return is filed ▶ CA		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.).....	90b	0
<b>91a</b>	The books are in care of ▶ CINDY SCOTT Telephone number ▶ (408) 733-3699 Located at ▶ 969 ASILOMAR TERRACE, UNIT 6, SUNNYVALE CA ZIP + 4 ▶ 94086-2438		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.....	91b	X
	If 'Yes,' enter the name of the foreign country ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements		
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States?.....	91c	X
	If 'Yes,' enter the name of the foreign country ▶		
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here..... N/A... ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 92 N/A		



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

**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 CONSTRUCTION 2005 FEE					730.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees & contracts from government agencies . . .					
94 Membership dues and assessments . . .					
95 Interest on savings & temporary cash invmnts . .			14	323.	
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)) . . . . .				323.	730.
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					1,053.

**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 the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
94	ATTENDANCE FEES FOR CONSTRUCTION 2005

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

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

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

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

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

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

**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: CINDY SCOTT, 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), 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 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

**2005**

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		

**Part II – A 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 II – B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

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

Part III Statements About Activities (See instructions.)

Yes No

Table with 3 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation... 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts... 2a. Sale, exchange, or leasing of property? 2b. Lending of money or other extension of credit? 2c. Furnishing of goods, services, or facilities? 2d. Payment of compensation... 2e. Transfer of any part of its income or assets? 3a. Do you make grants for scholarships... 3b. Do you have a section 403(b) annuity plan... 3c. During the year, did the organization receive a contribution... 4a. Did you maintain any separate account... 4b. Do you provide credit counseling...

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... (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income...
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). Check the box that describes the type of supporting organization: [ ] Type 1 [ ] Type 2 [ ] Type 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. Multiple rows for data entry.

- 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	4,478.			2,263.	6,741.
<b>16</b> Membership fees received . . . . .		1,949.	223,479.	411,893.	637,321.
<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 . . . . .		125.	60,779.	63,055.	123,959.
<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 . . . . .	267.	439.	1,863.	2,683.	5,252.
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .					0.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					0.
<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 . . . . .					0.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .					0.
<b>23</b> Total of lines 15 through 22 . . . . .	4,745.	2,513.	286,121.	479,894.	773,273.
<b>24</b> Line 23 minus line 17 . . . . .	4,745.	2,388.	225,342.	416,839.	649,314.
<b>25</b> Enter 1% of line 23 . . . . .	47.	25.	2,861.	4,799.	

<b>26 Organizations described on lines 10 or 11:</b>	a Enter 2% of amount in column (e), line 24 . . . . .	N/A	▶	<b>26a</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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts . . . . .		▶	<b>26b</b>	
	c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . .		▶	<b>26c</b>	
	d Add: Amounts from column (e) for lines: <b>18</b> _____ <b>19</b> _____ <b>22</b> _____ <b>26b</b> _____			<b>26d</b>	
	e Public support (line 26c minus line 26d total) . . . . .		▶	<b>26e</b>	
	<b>f Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b> . . . . .		▶	<b>26f</b>	%

<b>27 Organizations described on line 12:</b>	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: (2004) _____ 0. (2003) _____ 0. (2002) _____ 0. (2001) _____ 0.				
	b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) _____ 0. (2003) _____ 0. (2002) _____ 0. (2001) _____ 0.				
	c Add: Amounts from column (e) for lines: <b>15</b> _____ <b>16</b> _____ <b>17</b> _____ <b>20</b> _____ <b>21</b> _____			<b>27c</b>	768,021.
	d Add: Line 27a total . . . . . 0. and line 27b total . . . . . 0.			<b>27d</b>	0.
	e Public support (line 27c total minus line 27d total) . . . . .		▶	<b>27e</b>	768,021.
	f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . . .		▶	<b>27f</b>	773,273.
	<b>g Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b> . . . . .		▶	<b>27g</b>	99.32 %
	<b>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b> . . . . .		▶	<b>27h</b>	0.68 %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
<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>		
	<b>The lobbying nontaxable amount 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 .....	<b>41</b>
	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) 2005	(b) 2004	(c) 2003	(d) 2002	(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:		Amount
	Yes	No	
<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.



**STATEMENT 1**  
**FORM 990, PART II, LINE 22**  
**GRANTS AND ALLOCATIONS**

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY:	SMOFCON 2005 GRANT		
DONEE'S NAME:	MIKE HIGASHI		
DONEE'S ADDRESS:	1460 KILDARE WAY PINOLE, CA 94564		
AMOUNT GIVEN:		\$	300.
CLASS OF ACTIVITY:	SMOFCON 2005 GUEST GRANT		
DONEE'S NAME:	OR SCIENCE FICTION CONVENTIONS		
DONEE'S ADDRESS:	POST OFFICE BOX 5703 PORTLAND, OR 97228		
AMOUNT GIVEN:			250.
CLASS OF ACTIVITY:	SMOFCON 2005 GRANT		
DONEE'S NAME:	WILL WARRINER		
DONEE'S ADDRESS:	1130 L STREET DAVIS, CA 95616		
AMOUNT GIVEN:			300.
CLASS OF ACTIVITY:	WORLD FANTASY EXPLORATION		
DONEE'S NAME:	DAVID GALLAHER		
DONEE'S ADDRESS:	6133 GENOA TERRACE FREMONT, CA 94555		
AMOUNT GIVEN:			500.
CLASS OF ACTIVITY:	WEB HOSTING		
DONEE'S NAME:	TONY CRATZ		
DONEE'S ADDRESS:	215 CALIFORNIA STREET SUISUN CITY, CA 94585		
AMOUNT GIVEN:			250.
CLASS OF ACTIVITY:	SILICONVENTIONS, INC.		
DONEE'S NAME:	DIABETES SOCIETY OF SCV		
DONEE'S ADDRESS:	165 LINCOLN AVENUE, SUITE 300 SAN JOSE, CA 95125		
AMOUNT GIVEN:			250.
	TOTAL GRANTS AND ALLOCATIONS		\$ <u>1,850.</u>

**STATEMENT 2**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
BANK CHARGES	5.		5.	
CREDIT CARD TRANSACTION FEES	482.		482.	
ENTERTAINMENT	100.		100.	
FILING FEES	10.		10.	
INTERNET	206.		206.	
MEETING EXPENSES	169.		169.	



**STATEMENT 2 (CONTINUED)**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	(A)	(B)	(C)	(D)
	<u>TOTAL</u>	<u>PROGRAM SERVICES</u>	<u>MANAGEMENT &amp; GENERAL</u>	<u>FUNDRAISING</u>
MISCELLANEOUS	11.		11.	
PENALTIES	118.		118.	
STORAGE UNIT	598.		598.	
<b>TOTAL</b>	<u>\$ 1,699.</u>	<u>\$ 0.</u>	<u>\$ 1,699.</u>	<u>\$ 0.</u>

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

TO PROMOTE SCIENCE FICTION AND FANTASY IN ALL ITS FORMS.

**STATEMENT 4**  
**FORM 990, PART IV, LINE 58**  
**OTHER ASSETS**

MAIL BOX KEY DEPOSIT..... TOTAL \$ 2.  
 TOTAL \$ 2.

**STATEMENT 5**  
**FORM 990, PART V-A**  
**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 3150 RUBINO DRIVE #203 SAN JOSE, CA 95125-6386	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.
NANCY L. COBB 1400 ALTAMONT AVENUE, #350 SCHENECTADY, NY 12303-2900	VICE PRESIDENT 0	0.	0.	0.
JAN PRICE 11424 ENCORE DRIVE SILVER SPRING, MD 20901-5043	DIRECTOR 0	0.	0.	0.
TOMOKO SHINTANI STOCKSIEK 1323 NELSON WAY SUNNYVALE, CA 94087-3136	DIRECTOR 0	0.	0.	0.

**STATEMENT 5 (CONTINUED)**  
**FORM 990, PART V-A**  
**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
WOLFGANG COE 2602 FOREST HILL DRIVE SAN JOSE, CA 95130-2207	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.
DAVID W. GALLAHER 6133 GENOA TERRACE FREMONT, CA 94555-1834	PRESIDENT 0	0.	0.	0.
DAVID W. CLARK 2804 STUART STREET BERKELY, CA 94705-1320	DIRECTOR 0	0.	0.	0.
CINDY SCOTT 969 ASILOMAR TERRACE, UNIT 6 SUNNYVALE, CA 94086-2438	TREASURER 0	0.	0.	0.
JAMES BRIGGS POST OFFICE BOX 845 RAMONA, CA 92065-0845	DIRECTOR 0	0.	0.	0.
KEVIN STANDLEE POST OFFICE BOX 64128 SUNNYVALE, CA 94088-1428	SECRETARY 0	0.	0.	0.
TOM WHITMORE POST OFFICE BOX 1169 BERKELEY, CA 94701-1169	DIRECTOR 0	0.	0.	0.
TOTAL		\$ 0.	\$ 0.	\$ 0.